

G uidelines for: Educators, School Nurses, & Parents

CONTENTS

Overview and Purpose of Guidelines	3
Definitions	7
Legal Issues	15
Delegation of School Nursing	23
Individualized Health Care Plan	29
Administrative Considerations	45
Educator Considerations	53
Infection Control	59
Common Questions and Answers	65
Training Issues	75
Transportation Issues	83
Glossary	89
Resource Materials	101
Appendix A – Universal Precautions	121
Appendix B – Confidentiality	133
Appendix C – Sample Do Not Resuscitate (DNR) Policy	141
Appendix D – Health Care Forms	145
Acknowledgments	169

Serving Students with Special Health Care Needs

These Guidelines are available on the following Web site address:

<http://www.usu.edu/mprc>

<http://www.kdhe.state.ks.us/bcyf/c-f>

**OVERVIEW
AND
PURPOSE**

Serving Students with Special Health Care Needs

44444 Purpose and Overview of Guidelines 444

Advances in medical technology and progressive legislation have resulted in an increased number of students with special health care needs attending public schools and child care programs. Some students have “technology-assisted” needs (such as mechanical ventilation, tracheostomies, oxygen, etc.), supplemental nutrition needs, medication or other special health care needs which must be addressed during the school day. An even greater number have chronic health conditions such as diabetes, asthma, anemia, hemophilia, epilepsy and leukemia. Some conditions require daily management in the school setting, while other conditions may require only intermittent management or the provision of acute care procedures on an emergency basis in the school setting.

The *Kansas Guidelines for Serving Students with Special Health Care Needs* were developed to assist lawful custodians, teachers, administrators and health care professionals in developing appropriate Individualized Health Care Plans for students who have specialized health care needs which must be addressed during the school day. When appropriate, emergency or anticipated health crisis plans should be included in the Individualized Health Care Plan. The guidelines address the process for the development of Individualized Health Care Plans and the training of school personnel. The guidelines can be adapted for other settings including early childhood education settings and day care. Development of the guidelines represents the efforts of individuals from various agencies, organizations and disciplines.

There should be an Individualized Health Care Plan developed for any student who has a special health care need which must be addressed during the school day. The extent of the Individualized Health Care Plan will be determined by the student’s unique health needs.

Lawful custodians and school nurses should be integrally involved in all aspects of the development of the Individualized Health Care Plan. Lawful custodians are knowledgeable of their child’s medical condition and have much to offer during the planning process. When appropriate, lawful custodians may be involved in the development of the personnel training plan. Lawful custodian involvement will enhance the success of all aspects of the program planning and implementation process.

G uidelines for: Educators, School Nurses, & Parents

Questions on content and/or use of these guidelines should be directed to the Kansas Department of Health and Environment., Bureau for Children, Youth and Families by calling Julie Taylor at 785/296-7433. We hope that users of these guidelines will find it helpful.

Serving Students with Special Health Care Needs



G

uidelines for: Educators, School Nurses, & Parents

DEFINITIONS

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Definitions* 4444444444

COMMON VOCABULARY USED IN THESE GUIDELINES

Americans with Disabilities Act – Passed in 1990, a federal law which extends civil rights for individuals with disabilities to the public, private and business facilities and programs.

Anticipated Health Crisis Plan – Written procedures to address a previously diagnosed condition which, under predictable circumstances, may lead to an imminent risk to the student's health. This becomes part of the Individualized Health Care Plan.

Assessment – Systematic collection of data to identify health care needs of a student. This information is used by the school team, including the lawful custodians, to develop an Individualized Health Care Plan.

Assistive Technology – A device or a service that maintains or increases the capabilities of eligible students with disabilities.

Assistive Technology Device – Means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of students with disabilities.

Assistive Technology Service – Means any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device.

Attendant Aide – A person who is qualified to carry out basic, specialized health care procedures in the care of students and under the supervision of a registered professional nurse.

Attendant Care - Care by an unlicensed, but trained staff member that assists students with special health care needs under the supervision of the school nurse.

Child Find – A requirement in special education and Section 504 to locate and identify unserved or underserved students with disabilities. This is an ongoing process involving all ages of a school population.

Serving Students with Special Health Care Needs

Child Study Team – Individuals representing family, education, health, and school administration who have assessed the student and/or will provide the teacher with intervention strategies and direct or indirect services to the student. Some school districts use terms like pre-assessment, teacher assistance team or school based support team. This is a general education process.

Delegation (Nursing) – Means authorizing an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered nurse. Training and the provision of supervision are required by regulation before delegation occurs.

Do Not Resuscitate (DNR) – A directive from a physician and lawful custodian to refrain from engaging in any resuscitation efforts.

Family Educational Rights and Privacy Act (FERPA) – The federal law that outlines requirements for confidentiality of and access to student records.

Free Appropriate Public Education (FAPE) – Special education and related services provided at public expense, which meet the unique needs of the student as stated in the student's Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or Section 504 accommodation plan.

Health Assessment – The collection and analysis of information or data about a student's health situation to determine the student's state of health, patterns of functioning and needs for health services, counseling and education.

Health Information & Portability and Accountability Act (HIPAA) – Standards for certain electronic health transactions.

Individualized Education Program (IEP) – An annual written statement for each student with a disability which describes the unique educational needs of the student and the manner in which these needs are to be met.

Individualized Family Service Plan (IFSP) – The written documentation of the interventions necessary to meet the unique needs of a student with a disability and the family, developed by a multidisciplinary team, including the lawful custodian.

Individualized Health Care Plan – A plan developed by the professional school nurse in collaboration with lawful custodians and others which outlines specific health care to be given

G uidelines for: Educators, School Nurses, & Parents

to an individual student. This plan may or may not be a part of the IEP/IFSP or Section 504 accommodation plan.

Individuals with Disabilities Education Act – P.L. 105–17 (IDEA) – A federal law passed in June of 1997, outlining the requirements for school districts to provide a free appropriate public education for students with disabilities who are pre-school or school aged.

Kansas Nurse Practice Act – The state law which defines the qualifications of a nurse, the practice of nursing and standards for the practice of nursing in Kansas. The Act also outlines concepts about what can and cannot be delegated to others. All states have a Nurse Practice Act.

Lawful Custodian – Means a parent, a person acting as a parent, or an educational advocate.

Lawful Custodian/Professional Partnership – A relationship between the family, the nurse and other health care givers which is flexible and empowers all participants in the decision-making and care-giving activities to provide coordinated care with consistent, compatible goals for a student.

Least Restrictive Environment – Educational placement in which, to the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who are not disabled, and that special classes, separate schooling, or other removal of students with disabilities from the general educational environment occurs only when the nature or severity of the disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Licensed Practical Nurse (LPN) – An individual who is licensed to function as a practical nurse. LPNs must work under the direction of a registered nurse (RN) in Kansas schools.

Medication – Any over-the-counter or prescription drug.

Other Health Impairment – A categorical label for special education eligibility which refers to a student with limited strength, vitality, or alertness, due to chronic or acute health problems, such as heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes and which adversely impacts educational performance to the extent that special education is necessary for the student to benefit from instruction.

Serving Students with Special Health Care Needs

Paraprofessional – A person who meets the requirements of state regulation to assist students with disabilities and who is under the supervision of a professional educator or school nurse.

Parent – Means a natural parent, an adoptive parent or a step-parent.

Personnel Training Plan – A written document identifying personnel to be trained, the training to be provided, the instructor, documentation of training, and when training should be reviewed.

Physician Order/Authorization for Special Health Care Services to be Performed at School – A written statement from a physician which provides detailed information regarding the procedure and/or administration of medications to be provided at school and verification from the physician that the procedure must be performed during school. It includes a request from the lawful custodian for the procedure to be performed at school and includes the written consent of the lawful custodian.

Preassessment – The process where school staff assist teachers in recommending interventions for students experiencing academic, behavioral and/or health care concerns. This process occurs before a referral for an evaluation is made.

Registered Nurse (RN) – The professional nurse who holds specialized knowledge derived from the biological, physical and behavioral sciences and applied to the care, diagnosis, treatment, counsel and health teaching of persons experiencing individualized health care needs. *The school nurse and registered nurse are used to mean the same thing throughout the guidelines.*

Related Services – Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education.

School Day – Means that period of time a student with a disability is participating in a school related activity, being provided school transportation or attending classes.

School Nurse – See registered nurse.

Section 504 Accommodation Plan – The unique educational program for eligible students required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Section 504 Coordinator – The individual responsible to administer Section 504 activities in the school district. All school districts are required to have a Section 504 Coordinator.

G uidelines for: Educators, School Nurses, & Parents

Section 504 of the Rehabilitation of 1973 – A federal civil rights statute that prohibits discrimination based on disability. Section 504 is a general education management responsibility.

Section 504 Committee – The team who determines eligibility and develops the accommodation plan for students eligible for Section 504 services. Members could include the lawful custodian(s), school principal, school nurse, school counselor, teachers, and others as needed.

Specialized Health Care Procedures – Health-related services, supports, or adaptations required for a student in order to maintain the health status including: medical devices, nursing care, psychosocial care, medically necessary services, specific services, and equipment to sustain and enrich life and adaptations required to maintain life, provide an environment conducive to growth and development, stimulate learning, and maintain him/her in the least restrictive environment.

Special Education – Specially designed instruction provided by the school district, at no cost to the lawful custodians, to meet the unique needs of a student with a disability.

Technology Dependent – One who has a disability, requires a medical device to sustain life, including skilled care or monitoring on a routine daily basis.

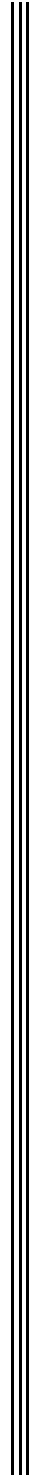
Transportation Plan – Details adaptations required for transporting the student, procedures to follow and information necessary in case of an emergency.

Universal Precautions – Those procedures that prevent the spread of disease and infections.

Serving Students with Special Health Care Needs

LEGAL ISSUES

Serving Students with Special Health Care Needs



G uidelines for: Educators, School Nurses, & Parents

4444444444 Legal Issues 4444444444

DEFINING THE POPULATION

Education and health care professionals use a variety of terms to describe students with chronic or special health conditions. Such students may be referred to as chronically ill, other health impaired, medically complex or technology dependent. Each of these terms share overlapping features. Students with these conditions often present fluctuating states of health care needs which may adversely affect the student's educational performance and require supervision to maintain, regulate or intervene, as appropriate. Common definitions for these terms follow:

Chronically ill typically means a student whose condition is not temporary and results in decreased strength, vitality and alertness. Examples: asthma, diabetes, rheumatoid arthritis, cancer, epilepsy.

Psychiatric disorders means students who experience temporary or chronic emotional/behavioral conditions that might require health care interventions, such as the administration of medication during the school day.

Other health impaired means a student who requires special education because of a health condition which results in "limited strength, vitality or alertness due to chronic or acute health problems. Examples: heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes.

Medically complex means a student who has a life-threatening physical condition. (The term medically fragile should not be used to define this group of students since the term gives a negative impression of the student.)

Technology dependent means a student who requires a medical device to compensate for the loss of a vital body function. (The term medically fragile should not be used to define this group of students since the term gives a negative impression of the student.)

In this document, the terminology "student with special health care needs" is used to include all students with special health care needs regardless of their educational placement. Students with special health care needs may or may not require special education or Section 504 services. The decision as to whether a student qualifies for special education is made by a

Serving Students with Special Health Care Needs

team in accordance with eligibility requirements identified in the current *Kansas State Regulations for Special Education*. The decision of qualification for a Section 504 accommodation plan is made by the Section 504 committee in accordance with eligibility requirements outlined in the *Kansas Section 504 Guidelines for Educators*.

The following definition will be used to identify students who have special health care needs.

Students with Special Health Care Needs

Students with special health care needs are those who require specialized health care, during the school day, to enable participation in the educational program. This includes students:

1. Who may require administration and/or monitoring of medication; or
2. Who have a health condition which is currently stable but may require routine monitoring or crisis care; or
3. Who use a particular device which compensates for the loss of vital body functions; or
4. Who require substantial and complex or frequent health care procedures to avert disability or death.

The definition is broad in order to incorporate the entire range of students with special health care needs with mental and/or physical disabilities that range from mild to severe. Some students may only require medication during the school day while other students may need more extensive health care services requiring an IEP/IFSP or Section 504 accommodation plan.

G uidelines for: Educators, School Nurses, & Parents

LEGISLATION

Various federal and state mandates serve as the basis for the obligation to provide full education opportunities to students with special health care needs and define the services which may be provided.

Legislation

Section 504 of the Rehabilitation Act prohibits discrimination against any individual because of a disability. The Act requires accessibility of public buildings, including schools. Students with special health care needs have the right to an appropriate public education. The school program must allow the eligible student to receive educational benefit.

Many students with special health care needs meet the eligibility requirements for Section 504 services. In order to qualify, an evaluation must be conducted by a team of individuals who are knowledgeable about the student's disability and needs. The Section 504 Committee could include the following members:

- | | |
|------------------------|------------------------------|
| – Lawful custodian(s), | – Student, when appropriate, |
| – School principal, | – School nurse, |
| – Teacher(s), | – Others, as appropriate. |

The team will determine, based upon evaluation data, if the student meets the following criteria:

Section 504 Eligibility

The student must have a physical or mental impairment which substantially limits one or more of the student's major life activities.

Major Life Activities

Walking
Breathing
Learning
Seeing

Caring for Oneself
Hearing
Speaking
Working

Serving Students with Special Health Care Needs

One difference between Section 504 and specific special education legislation is the provision of particular services. Under special education laws, a student with a disability must first be eligible and need special education before the student can access special education and/or related services. A student eligible under Section 504 could receive just a related service. Since a large number of students with special health care needs require only a related service, they would fall under Section 504 protection. Examples of related services are school health services, occupational therapy, physical therapy, counseling, assistive technology, and transportation.

A student who is eligible for Section 504 might have an Individualized Health Care Plan. The plan could be the Section 504 documentation for services. Some students served under Section 504 might have both a 504 accommodation plan and an Individualized Health Care Plan. An example might be a student with a learning problem and health care needs.

All school districts in Kansas must have a Section 504 Coordinator who will assist staff in understanding and implementing the Section 504 process. School staff can receive detailed information regarding the Section 504 process by referring to *Kansas Section 504 Educator Guidelines*.

Special Education Court Cases

To qualify for school health services in **special education** (IDEA) the student must be eligible and have an IEP/IFSP. There are three significant court cases that help define school district responsibilities:

In 1984, the U.S. Supreme Court in *Tatro* held that the regulations defining “school health services” were a reasonable interpretation of the statute. The Court stated:

“Congress plainly required schools to hire various specially trained personnel to help students with disabilities, such as ‘trained occupational therapists, speech therapists, psychologists, social workers and other appropriately trained personnel.’ School nurses have long been a part of the educational system, and the Secretary [of Education] could therefore reasonably conclude that school nursing services are not the sort of burden that Congress intended to exclude as a ‘medical service.’ By limiting the ‘medical services’ exclusion to the services of a **physician or hospital, both far more expensive [than a nurse]**, the Secretary has given a permissible construction to the provision.”

G uidelines for: Educators, School Nurses, & Parents

Since *Tatro*, two circuit courts of appeals and supreme court have addressed the issue of what school health care services IDEA requires a school district to provide as a related service. In a case referred to as *Katherine D.*, the Ninth Circuit Court of Appeals held that maintaining the student's tracheostomy tube, including its removal, lung suctioning and repositioning were related services that the district was required under IDEA to provide to the student.

The Second Circuit Court of Appeals in *Detzel* decided that a school district was **not** required to provide nursing services described as follows:

"[The services required by Melissa are extensive. . . . Constant monitoring is required in order to protect Melissa's very life. The record indicates that the medical attention for Melissa requires a specially trained individual, preferably a health professional.]"

The *Detzel* court reasoned that both *Tatro* and *Katherine D.* required only "intermittent care" and were not as professionally demanding as those required by Melissa Detzel.

Two federal district courts, one in Pennsylvania and another in Michigan, have split on whether or not *Detzel* is a correct application of *Tatro*. The Pennsylvania case *Bevin* relied on the "medical assistance" language in *Tatro* to distinguish intermittent nursing care from "extensive nursing care" and followed the rationale of *Detzel*. In the Michigan case, *Macomb County*, the court took exception to the interpretations in both *Detzel* and *Bevin* and stated that the original *Tatro* decision meant to exclude only medical services which had to be performed by a licensed physician. The court in *Macomb County* required that the school district provide an aide to ride on the school bus with a student who needed careful positioning and constant attention to his tracheostomy tube during the bus ride.

In March, 1999 Cedar Rapids Community School District v. Garret the Supreme Court held the school district will provide the following related services; urinary bladder catheterization, suctioning of tracheotomy, ventilator setting checks, ambu bag administrations as a back up to the ventilator, blood pressure monitoring, observation to determine if the student was in respiratory distress or autonomic hyperreflexia, and disimpation in the event of autonomic hyperreflexia.

If a Kansas school district decides to rely on *Detzel* and *Bevin* to deny a student nursing services, the services required of the nurse should be "extensive," "continuing," and/or "require special training." Advice from the school district's attorney should be sought.

Serving Students with Special Health Care Needs

The law requires that school districts follow certain procedures to determine when a student with disabilities requires the provision of school health services.

First, where some medical condition is interfering with the student's ability to take part in the educational program, an evaluation is required to determine what supportive services are necessary to permit the student to participate. Both special education and Section 504 require an evaluation.

For students eligible for special education, the appropriate forum in which to make the decision regarding appropriate education is the Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) meeting. For students eligible under Section 504, a team of persons knowledgeable about the student's disability meets to develop an accommodation plan. Although an IEP/IFSP is not required under Section 504, a written record should be maintained of the alternatives considered and the reasons for the solution finally decided upon. Completion of the student's Individualized Health Care Plan could address this requirement.

**DELEGATION OF
SCHOOL
NURSING**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444 *Delegation of School Nursing* 4444444

KANSAS NURSE PRACTICE ACT

The Nurse Practice Act defines the qualifications of a nurse, the practice of nursing and the standards for the practice of nursing in Kansas. Questions regarding the Nurse Practice Act should be directed to the Kansas School Health Consultant in the Kansas Department of Health of Environment or the Kansas State Board of Nursing.

The following issues are addressed and/or clarified in the Kansas Nurse Practice Act: (1) defines and outlines the standards of professional nursing in the state of Kansas, (2) clarifies who can legally perform health care procedures, (3) clarifies nursing and health care activities as defined by the state statute and interpreted through regulations by the Kansas State Board of Nursing, (4) specifies that a school nurse should perform or supervise specialized health care procedures at school, and (5) specifies that the school nurse decides whether or not the procedure is one that must be performed by a nurse. (KSA 65-1124)

Criteria for Delegation of Specialized Health Care Procedures by a Registered Nurse

1. Any nursing task delegated by the school nurse shall be:
 - Within the area of responsibility of the nurse delegating the task;
 - Within the knowledge, skills and ability of the nurse delegating the task;
 - **Of a routine, repetitive nature and shall not require the delegatee to exercise nursing judgement or intervention;**
 - A task a reasonable and prudent nurse would find to be within generally accepted nursing practice;
 - An act consistent with the health and safety of the student.
 - **Limited to a specific delegatee, for a specific student, and within a specific time frame.**
2. School personnel to whom the school nurse delegates a task shall not further delegate that task to another individual nor may the task be expanded without the expressed permission of the delegating school nurse.
3. The school registered nurse shall assure school personnel can and will perform the task with the degree of care and skill which would be expected of the professional nurse.

Serving Students with Special Health Care Needs

This means that the task itself or procedure is done with the same care and skill, not that the school employee has the nursing knowledge to make nursing decisions about a particular delegated task.

Guidelines and Competencies of Persons Providing Health Services in Schools

In exploring the provision of health-related services in schools, it is necessary to outline the competencies of the individual providing the care. This is necessary not only from a legal, but also from an ethical standpoint. The following provides a summary of these competencies.

School Nurse:

1. The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by KSA 65-1124 and amendments thereto, means the performance of both independent nursing functions and delegated medical and dental functions which require specialized knowledge, judgement and skill as governed by license in the state of Kansas (KSA 65-1113 – excerpted).
2. A school nurse in Kansas must have a current license to practice as a registered nurse from the Kansas State Board of Nursing (KSA 65-1115).
3. Special competencies of the school nurse include the ability, knowledge and skill to perform the following activities:

Assessment

- Obtain health information from health care provider(s).
- Validate the necessary physician orders, lawful custodian authorization, and any other legal documentation necessary for implementing nursing care.
- Determine the extent to which the health assessment is required for each individual student.
- Use physical assessment skills in determining the current health status of the student.
- Interpret health history information, medical reports, nursing observations and test results.

G uidelines for: Educators, School Nurses, & Parents

- Determine the importance of health information and its impact on the education process.
- Make specific recommendations.

Planning

- Collaborate with lawful custodian(s), school personnel, student and primary health care provider to develop the Individualized Health Care Plan.
- Develop a school Individualized Health Care Plan to meet the student's individual health needs in the school setting.

Implementation and Evaluation

- Manage the Individualized Health Care Plan for the student's special health needs in the school setting.
 - Provide direct health care services for the student when appropriate.
 - Develop and implement health care procedures and provide training for carrying out the services to meet the health needs.
 - Monitor health care services provided by other school personnel.
 - Make recommendations to modify the school program for the student and the family.
 - Act as a liaison between lawful custodian, school, community health care providers and student.
 - Evaluate the Individualized Health Care Plan and assist in setting new goals and objectives to meet the student's current needs.
4. Non-certified school personnel should have a current American Red Cross First Aid Certificate or equivalent and be certified in CPR. Special competencies of these individuals include:
- Accesses training as determined by the individual school district.
 - Demonstrates dependability and reliability in working within the confines of guidelines and Individualized Health Care Plans.
 - Uses discretion and respects confidentiality of information.
 - Exercises good judgement and requests additional assistance as necessary.

Serving Students with Special Health Care Needs

- Provides designated direct health care services within the individual's ability and training for the students as identified in the Individualized Health Care Plan with monitoring by the school nurse.

If the delegating nurse determines that a requested procedure may cause harm or cannot safely and efficaciously be performed in the school setting, the nurse should take the following steps:

1. Write a memo to his/her immediate supervisor with a copy to the building principal explaining the situation in specific detail, including:
 - a. the reason the procedure should not be performed in the school, and a rationale to support this; or
 - b. recommendations for safe performance of the procedure in the school.
2. Maintain a copy of the memo for the school nurse's personal file.
3. Inform lawful custodian and physician requesting procedures of decision outcome and seek solutions.
4. If the issue is not resolved in a timely, acceptable manner, based on nurse's judgement, repeat notification as above and forward copies of the memo to one or all of the following as indicated: The State Board of Nursing, the district superintendent, and the state school nursing consultant.

**INDIVIDUALIZED
HEALTH CARE
PLAN**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

444444 *Placement Process* 444444

The following is a brief description of the Section 504 and special education placement processes as they relate to serving students with special health care needs. The chart on page 36 provides a visual of the process.

School Enrollment

All school districts have procedures and requirements regarding student enrollment. Enrollment forms usually require some health information. This is ideally the time most health care problems are identified. Lawful custodians should inform school officials of any health concern that might interfere with the educational process. The school principal and the school nurse should proactively review health information and determine the need to initiate a referral. Students with special health care needs can be referred to the school preassessment team where interventions can be suggested, implemented, and monitored. The need for an Individualized Health Care Plan can be determined at this time.

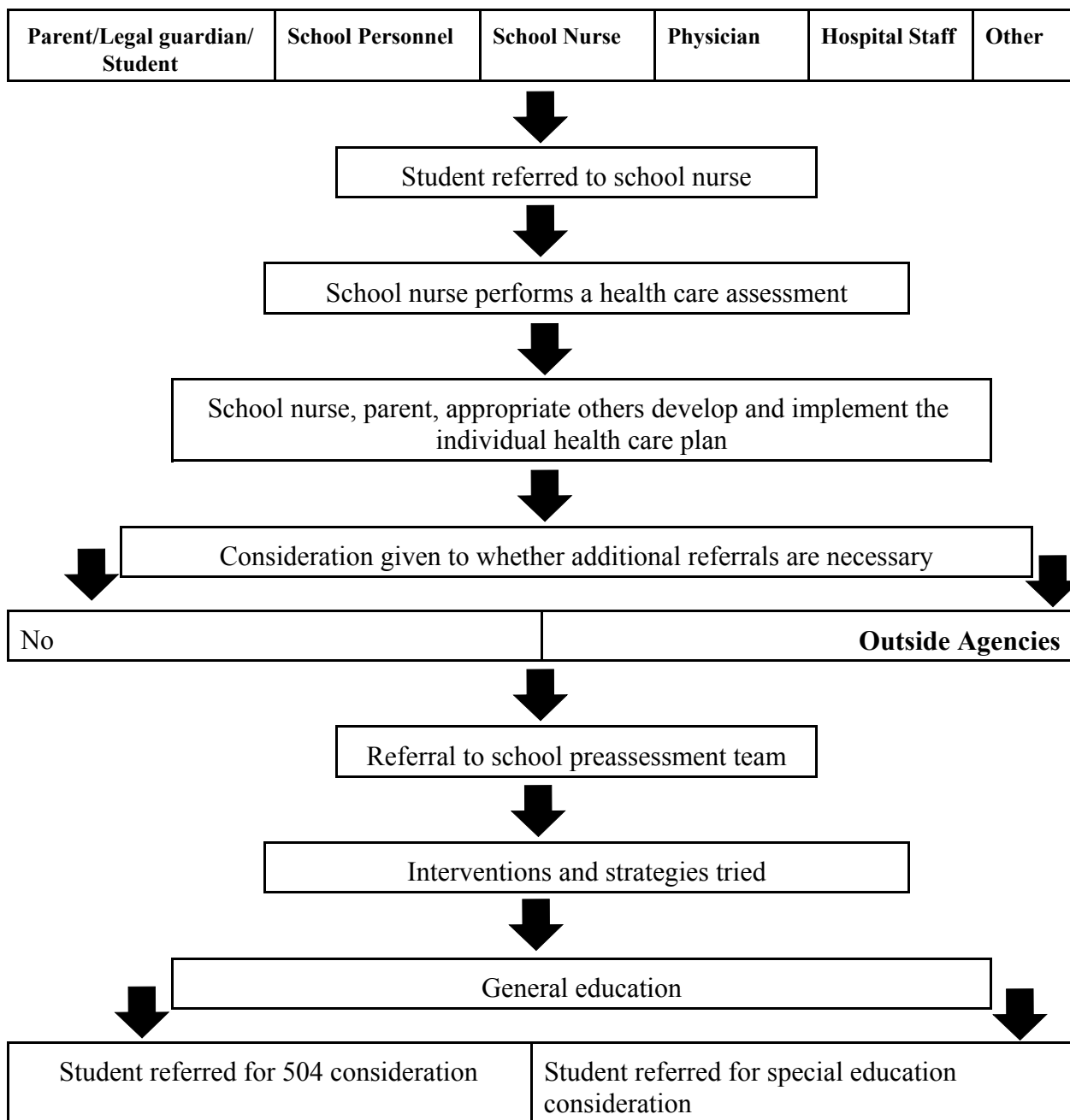
Referral to School Pre-assessment Team

The preassessment process can be initiated by a lawful custodian, school nurse, teacher, principal or other person who may be concerned about the student's special health care needs. It is essential that the preassessment team be notified about a prospective student with special health care needs as soon as possible before or upon school entrance. Each school building has a preassessment team composed of general education and/or special services professionals, including the school nurse, who meet to assist general education teacher(s) to assess a student's learning and/or behavioral problems; initiate modifications in materials, curriculum, technique or instructional strategies; and evaluate the results of these modifications, techniques and strategies. Prompt referral to the preassessment team enables the school staff to plan the educational process for the student that will result in a program able to meet the health care and educational needs of the student. In some cases, the nature of the health care need will require the preassessment team to initiate a referral for a special education or Section 504 comprehensive evaluation.

Serving Students with Special Health Care Needs

INDIVIDUALIZED HEALTH CARE PLAN PROCESS FLOW CHART

Student Identified as Having Potential Health Care Needs By:



G uidelines for: Educators, School Nurses, & Parents

Section 504 Placement Process

The following process is detailed in the *Kansas State Board of Education Section 504 Educator Guidelines*. The Section 504 Coordinator should monitor that the following process has occurred:

- 1) Referrals are accepted from lawful custodians, professional staff, students, and/or community agencies. The presenting problem(s) and previous remedies are considered and reviewed. The summary should include all current information and recommendations.
- 2) The school district notifies the lawful custodians or guardians, in writing, of the school's reason and intent to conduct an evaluation. The notice should include a description of the evaluation and of procedural safeguards. The school obtains written consent from the lawful custodians before an evaluation begins.
- 3) The school district evaluates the student before determining eligibility or making an initial placement or any subsequent, significant change in placement.

The Section 504 Committee is a group of individuals knowledgeable about the student, evaluation, and placement options. The 504 committee is usually composed of the lawful custodian, student (if appropriate), school principal, school nurse, school counselor, classroom teacher(s) and others as necessary. The following factors are considered by the Section 504 Committee:

- a. Evaluation results;
- b. Section 504 eligibility;
- c. Student's unmet needs;
- d. Development of an accommodation plan based on the evaluation results; and,
- e. Staff training.

The student's Individualized Health Care Plan becomes part of the accommodation plan or is attached to the plan.

The school district staff makes the necessary accommodations to allow for the student's disability. Lawful custodians should be consulted and given opportunity for input regarding the accommodations. The accommodations and/or services are implemented. Each student's accommodations and/or services are reviewed periodically.

Serving Students with Special Health Care Needs

Special Education Placement Process

A comprehensive evaluation is essential in developing and providing an appropriate educational and health care program. The student's health care needs should be considered across all settings (home, hospital, school and community). Information from a variety of sources should be collected during the comprehensive evaluation and used to assist the multidisciplinary team in determining eligibility and need for special education and related services. During the course of the evaluation, the student shall be assessed in all areas related to the suspected disability including, where appropriate, health, vision, hearing, social and emotional status, motor abilities, and vocational skills. Recent medical reports from health care providers outside the school setting and/or those prepared by the school nurse should be included. Those prepared by the school nurse should be included in this part of the evaluation process. The school is responsible for the provision of evaluative medical services only when necessary for diagnosis or evaluation for educational planning and programming for the student. However, most of the information needed for educational programming can be gathered from the family and health care professionals who have previously provided services to the student.

When all relevant information about the student has been obtained, the multidisciplinary team will meet to determine whether the evaluation results indicate that the student meets eligibility criteria as a student with a disability and needs special education or related services to benefit from education. If both of these determinations are made, the team also will determine whether the evaluation data is sufficient to develop an Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) or whether additional information is needed. If special education placement is recommended, the multidisciplinary team will provide the IEP/IFSP team with evaluation results and recommendations for instructional goals and objectives. If special education is not recommended, the evaluation results should be made available to the student's general education teachers, Section 504 committee, and to the lawful custodians. Section 504 eligibility should be considered at this time.

The Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), as required by the Individuals with Disabilities Education Act (IDEA), is intended to provide a process for lawful custodians and school personnel to jointly make decisions about the educational program for a student with a disability (the IEP/IFSP meeting) and to provide a written record of the special education program needed by the student (the IEP/IFSP document). The IEP/IFSP sets forth in writing a commitment of resources necessary to enable the student with a disability to receive needed special education and related services. It is crucial that the school nurse be present at the IEP/IFSP meeting for students with special

G uidelines for: Educators, School Nurses, & Parents

health care needs. The school nurse's input is needed in order to determine whether school health services should be added to the IEP/IFSP; the amount of service needed; and goals and objectives if school health services are listed as a direct service and a skill is being taught to the student.

An Individualized Health Care Plan could be developed for a student not eligible for special education. For the student eligible for special education, the Individualized Health Care Plan is attached to the IEP/IFSP. The student eligible for Section 504 has the Individualized Health Care Plan attached to the accommodation plan.

Educational placement in the least restrictive environment is based on each student's IEP/IFSP. Placement should reflect the setting in which the student's needs can best be met when providing special education and related services, including school health services. School nurses need to interpret for school personnel the physician's orders for medication and special treatments; describe and provide direct health care services for students when appropriate; monitor health services provided by other school personnel; and make recommendations to modify the school program to meet the student's health needs.

THE INDIVIDUALIZED HEALTH CARE PLAN

The Individualized Health Care Plan is developed by the lawful custodian, student (if appropriate), school registered nurse, school principal and teacher (if appropriate) in cooperation with the student's physician. If the student is in special education, the Individualized Health Care Plan is to be part of the Individualized Education Program (IEP/IFSP) or attached to the written program. The plan encourages full communication and cooperation to provide the best possible care for the student.

The Individualized Health Care Plan is treated as confidential information and is stored in an area which is easily accessible to personnel who are identified in the plan. (See Appendix D for suggested form.)

For a student whose special education health care needs require special equipment and extensive health care services, it is strongly recommended the Individualized Health Care Plan be developed and school personnel be trained to care for the student prior to the student's first day of school.

Students with Potential Special Health Needs

Serving Students with Special Health Care Needs

Identification of students with special health care needs often results from a school's Child Find activities and may be accomplished in a variety of ways. District registration procedures should require the lawful custodian to provide health information so lawful custodians would inform the school district at the time of enrollment that their child has a special health care need.

To ensure that the students in need of special health care services during the school day are identified, districts should also have a process whereby student health information is periodically reviewed. In addition, the school should have an on-going referral procedure in place and should inform district personnel and lawful custodians of the procedure to help ensure that all students with special health care needs are identified.

Referral to School Nurse

The referring person should complete a referral for special health care needs form and give the completed form to the school nurse. (See Appendix D for example.)

Prompt referral and identification assist the school in the development of an appropriate Individualized Health Care Plan for the student. In some cases, the nature of the student's health care needs may prompt an immediate referral to special education or for a pre-assessment when the student's needs are not severe.

Health Care Assessment

After the review of the referral, the school nurse should do the following as part of the health assessment.

1. Schedule a meeting with the lawful custodian for completion of pertinent background information not already available, complete the following forms, suggested forms are located in Appendix D:
 - **Lawful Custodian Authorization/Request for Special Health Care Form** (Combined in Physician Authorization Form)
 - **Release of Information Consent Form** (Combined in Physician Form)
 - **Permission to Evaluate Form**
2. Contact the student's primary physician to discuss the student's special health care needs and have the physician complete appropriate sections of form (see Appendix D):

G uidelines for: Educators, School Nurses, & Parents

- **Physician Order/Authorization for Special Health Care Services to be Performed at School Form**

3. Complete a written summary of the student's specialized health care needs.

Individualized Health Care Planning Meeting

Each student with special health care needs is unique. The assessment procedure and the Individualized Health Care Plan are completed to meet those unique needs. For example, a student who requires only the administration of medication during the school day may not require as extensive health assessment or Individualized Health Care Plan as a student who has more extensive needs such as a ventilator. The consideration for assistive technology services and/or devices is important for students with special health care needs.

After the completion of the individualized health assessment, an Individualized Health Care Planning meeting must be held to develop the student's Individualized Health Care Plan and address educational planning needs. For a student who is not in special education or who has not been referred for special education, participants at the meeting would generally include the lawful custodian, school nurse, school principal and primary teacher. Depending on the health care needs of the student, the school may wish to invite the physician and other appropriate personnel to participate.

The outcomes of the individualized health care meeting are to:

1. Educate team members regarding the student's special health care needs,
2. Familiarize the family with the school's responsibilities and services,
3. Identify any concerns of the lawful custodian or staff related to the student's special health care needs,
4. Identify the special health care needs of the student which must be provided for during the school day,
5. Identify special equipment needs and arrangements for provision, maintenance and storage of the equipment,
6. Identify medications to be given, if any, and under what circumstances,

Serving Students with Special Health Care Needs

7. Identify the personnel who will provide for the special health care needs of the student and what training the personnel will require,
8. Identify what modifications will be required for the general education program to accommodate the student's special health care needs and the strategies for implementation of the modifications,
9. Consider and plan for the student's transition points, such as; grade level changes, building transitions, and school to community,
10. Identify the service delivery options to be used when the direct care provider(s) of the student's special health care needs is absent, and
11. Identify the transportation needs of the student and the need for training of transportation staff.

DUTIES OF TEAM MEMBERS

The Individualized Health Care Plan could be developed jointly by the lawful custodian, student (if appropriate), school nurse, school building administrator, teacher (if appropriate), and others as deemed necessary in cooperation with the student's physician. If the student is in special education, the Individualized Health Care Plan may be a part of the Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) or Section 504 Accommodation Plan. This plan is a vehicle that leads to full communication and cooperation between staff and lawful custodians to provide the best possible care for the student.

The Individualized Health Care Plan is treated as confidential information and is stored in an area that is easily accessible to personnel who are identified in the plan. When the student is in special education or Section 504, it is attached to the student's IEP/IFSP or Accommodation Plan.

For a student whose special health care needs require special equipment and extensive health care services, the Individualized Health Care Plan must be developed and school personnel must be trained to care for the student prior to the student's first day of school.

The following is a listing of important team members and their responsibilities.

Guidelines for: Educators, School Nurses, & Parents

Lawful Custodians

1. Notify the school of the student's special health care needs.
2. Authorize and request school health care services.
3. Give written consent to exchange health information.
4. Provide medication, supplies, equipment and physician's written instruction to the school.
5. Participate in the training of school personnel in administration of the medication or treatment as needed.
6. Participate in developing and implementing the Individualized Health Care Plan.

School Nurse – Must be licensed to practice in Kansas.

The school nurse reviews the health history and identifying information of the student. The history and information should include the following:

1. Health history and I.D. information.
 - a. A description of the significant health condition.
 - b. Permission to exchange confidential information between the physician, hospital and clinics.
 - c. Treatment and medications taken at home and at school.
 - d. Current height and weight; this is needed by emergency transportation teams.
 - e. Date last seen by physician.
 - f. List of alternate persons and telephone numbers to be used when lawful custodians can't be located.
 - g. Name and phone numbers of current specialists who see this student.
 - h. Name of preferred hospital where student is to be transported in case of emergency.
 - i. Billing information - Medicaid, private insurance, etc.
 - j. Other pertinent data relevant to the student's condition.
2. Assists with the development and implementation of the Individualized Health Care Plan.

Serving Students with Special Health Care Needs

3. Relates information to relevant school personnel from the Individualized Health Care Plan.
 - Lists names of staff trained in school to perform the health procedure and dates of instruction. Has written documentation of delegation of care. Includes transportation personnel if appropriate.
 - Ensures the Individualized Health Care Plan is on file. Makes notation on emergency card that a plan is on file and where it can be found.
 - Includes the student on the health problem list.
 - Attaches plan to the IEP/IFSP or Section 504 accommodation plan.
4. The school nurse is responsible for initiation and evaluation of the plan as it is implemented.

Teacher

1. Participates in team meetings regarding any student in his/her class who has special health care concerns.
2. Assists in the development of the Individualized Health Care Plan.
3. Receives necessary training in regards to the student's disability or health care procedures.
4. Helps implement and evaluate the health care plan.

School Principal

1. Manages and/or arranges, in collaboration with the school nurse, for potential environmental concerns such as:
 - Special environmental alterations needed such as a wheel chair ramp.
 - Safe removal of hazardous waste.
 - Emergency power supply.
 - Appropriate electrical outlets for health care equipment, etc.
 - Storage of emergency equipment such as oxygen.
 - Exit door location to be used in emergencies.

G uidelines for: Educators, School Nurses, & Parents

- Develops a plan of action if the student is in a wheel chair, on the second floor and without electricity for the elevator, or when the elevator is not to be used because of a fire.
2. Determines when the classroom teacher should be included as a team member.
 3. Informs transportation services of the student and the potential need for health care. Provides a copy of the Individualized Health Care Plan to the transportation administrator.
 4. Interacts with local rescue teams and knows their capabilities such as:
 - Giving injections of medications.
 - Sequence of arrival for rescue team vs. police.
 - Estimated length of time for rescue unit to arrive.
 - Cost of transportation and financially responsible party.
 - Availability of flight rescue unit.
 - > Appropriate landing space.
 - > Flight time from hospital.
 5. Provides time and financial support for specialized training of school nurse(s) and other staff as deemed appropriate.
 6. Keeps the student's education program schedule easily accessible so location of student is known for emergencies.
 7. Manages the planning, implementation and safety of health care requirements during field trips and other off campus school sponsored activities.

Physician – Must be licensed to practice in Kansas.

1. If possible, serves as a team member to provide input for writing an Individualized Health Care Plan that is functional in the school setting.
2. Identifies health information and services that need to be provided in the school setting.
3. Assists in determining if special training is needed to provide the prescribed health care.

Serving Students with Special Health Care Needs

4. Writes prescriptions for lawful custodians to obtain medication and/or equipment, as needed:
 - Medication
 - > Dosage
 - > Route
 - > Anticipated time to be administered
 - > Side effects
 - > Other specific instructions
 - > Side effects of medication given at home
 - Equipment
 - > Purpose
 - > Direction for use or application
 - > Precautions
 - > Other specific instructions
 - Treatment
 - > Type
 - > Anticipated time to be administered
 - > Potential problems
 - > Special instructions
5. Writes orders for other procedures, including equipment to be used at the school.

Development of the Individualized Health Care Plan

The Individualized Health Care Plan is student specific, and is developed by a team, including the lawful custodian. The plan identifies the student's health needs and the health care actions which will take place during the school day to address those health needs. The following are components of the Individualized Health Care Plan:

1. Identifying data.
2. Source of health care.
3. Health problems and specific precautions.
4. Description of illness/condition.
5. Health care treatment plan/anticipated health crisis plan.
 - Schedule
 - Personnel trained
 - Procedure
 - Physician written authorization
6. Transition issues.

G uidelines for: Educators, School Nurses, & Parents

- Grade level to grade level
 - Building to building
 - School to community
7. Training issues.
 8. Emergency information.
 - Person(s) to contact
 - Back-up plan
 9. Transportation plan for health needs
 10. Re-evaluation date.

All staff who have a right to know should be given a copy of the Individualized Health Care Plan. Each person must be aware of his/her role and responsibilities associated with implementing the plan. If necessary, training must occur before the plan begins.

The Individualized Health Care Plan should be reviewed and, if necessary, revised at least annually or whenever the student's health care needs change. This should include the anticipated health crisis plan and the transportation plan.

Serving Students with Special Health Care Needs

**ADMINISTRATIVE
CONSIDERATIONS**

Serving Students with Special Health Care Needs

Guidelines for: Educators, School Nurses, & Parents

4444444 *Administrative Considerations* 44444

This section contains some issues that school principals and other administrators should be aware of as the staff provides services for students with special health care needs.

Comprehensive System of Personnel Development - CSPD

The school district should incorporate training into their CSPD plan and acquire and disseminate promising educational practices relative to serving students with special health care needs.

Confidentiality

Students with special health care needs have sensitive medical and educational information contained in their school records. All information should be held in the strictest confidence. In some cases administrators will have information on a child that others do not. School staff should be aware of and follow confidentiality requirements outlined by Family Educational Rights and Privacy Act (FERPA) regulations and medical records regulations, which governs the maintenance and transmittal of health care information. The Health Insurance Portability and Accountability Act (HIPAA) improves the efficiency and effectiveness of the health care system by standardizing the format, content, and data elements in electronic health care transactions.

Disagreement With Physician's Orders

The school district should have a policy and procedures in place in the event that school health personnel have concerns or disagreements with physician's orders. It is recommended that such policies include the written documentation of all communications regarding physician's orders and that any and all changes be submitted in writing. In rare cases, a school nurse or specialty physician may need to be consulted to assist in settling the issue. The school may request a second opinion through an independent evaluation.

Documentation

Clear documentation of the delivery of health care services is an essential part of safe delivery of school health services. All health care services delivered to the student, including the administration of medication, should be documented on a per incident basis. The school district should have detailed, written documentation of all health care procedures. The documentation should objectively reflect the student's condition. If the student is in special education, the health

Serving Students with Special Health Care Needs

care and/or emergency plan should be attached to the IEP/IFSP, in the case of Section 504, the plan is attached or is the accommodation plan.

Emergency Plans

Local emergency medical services should be assessed for their ability to respond to any and all school emergencies, especially those specific to students at high risk. Questions to be asked might include:

- What is their training?
- Is there **always** a person who is trained to give injections?
- What medications are carried on the unit?
- Does a rescue unit **always** come? Do they send the police first?
- How long does it take a rescue unit to get there?
- Cost of transportation. Who is financially responsible?

What is the plan of action in the event of a community-wide major natural or human-made disaster (e.g., tornado, chemical spill) and how does it coincide with the school's plan?

Extra-curricular Activities

The Individualized Health Care Plan should address non-academic and extra-curricular services and activities, including meals, recess periods, transportation, vocational or community based instructional settings, and sports.

Food Services

Communication must occur between the school nurse and staff providing food services at school. In many cases a student might require a special diet or could be allergic to certain foods. Special feeding equipment and/or feeding techniques may be necessary for some students. Schools that participate in federal school lunch and/or breakfast programs are required, under USDA child nutrition (7CFR, part 15B) and Section 504 regulations, to provide special meals at no extra charge to students with medical certification that disabilities restrict their diets. Example forms are located in Appendix D.

Provisions must allow for meal preparation that modifies the texture of foods for students with chewing or swallowing difficulties and/or assistance with feeding. Additionally, students with

Guidelines for: Educators, School Nurses, & Parents

disabilities who are unable to consume specific food items should be accommodated with substitutions whenever reasonable and if medically indicated.

These requests should be made in writing by the lawful custodians and authorized by the student's physician. Information provided by the physician should include appropriate substitutions for foods to be omitted, should be reviewed periodically, and be updated as necessary. (See Nutrition section, Section II for samples.)

Other regulations (7CFR, part 210.0) state that schools *may* make substitutions for non-disabled students who are unable to consume regular lunch menus due to food intolerance, allergies, or obesity.

Funding

Although schools are responsible for providing education related health services for students in educational settings, other funding sources such as health insurance and Medicaid should be used when available and appropriate. Private health insurance including Health Maintenance Organizations (HMOs) is generally considered to be first dollar payer for covered health services, and Medicaid covers many health services for eligible students. Recent legislation and rulings have allowed eligible services to be covered by third-party payers in educational settings as well as in clinics and hospitals. These potential funding sources should, therefore, be explored in order to expand the funding for health services needed by students in school settings.

Handling and Administration of Medication

The school district must have a policy in place governing the handling and administration of medications during the school day. These policies should prohibit the administration of any medication, whether prescription or over-the-counter, without a signed physician's order. Physician's orders must include the student's name, date, name of medication, dosage, possible side effects and anticipated length of time to be administered. Any order for a "PRN" (as needed) prescription must be accompanied by very specific parameters for the administration of the medication and if deemed necessary to require nursing judgement, should not be given without consultation with a school nurse or the student's physician.

Hearing Aids

The school district must ensure that hearing aids, phonic ears, etc. are always in working order. Weekly checks of hearing aids are required by law. Daily checks are recommended.

Serving Students with Special Health Care Needs

Homebound/Hospitalized Instruction

Students with special health care needs may experience frequent and/or prolonged absences from school. Such absences will likely have a negative effect on their ability to succeed in their educational program. The school district must have a written policy for the continued delivery of educational services to the student who experiences frequent or prolonged absences from school.

Individual Health Care Plan Process

The administrator's responsibility in this process is to determine who should be included in the team process of development of the plan and its implementation. Feasibility and accessibility questions, funding, transportation arrangements, and roles of school staff will also ultimately be administrative responsibilities. Communication with lawful custodians throughout this process is every team member's responsibility, including the administrator.

Management of Do Not Resuscitate (DNR) Requests

It is recommended that school districts follow the same emergency procedures for all students as identified in the district's emergency procedures policy. The decision to "do not resuscitate" (DNR) is a medical decision and should not be made by school personnel. School districts should approach this issue with caution and make sure that any policy is consistent with state laws and regulations. A sample policy is included in Appendix C.

Lawful custodians should be made aware of the school district's emergency policies and procedures and be advised to discuss the implications of the school's policies with their physician.

Medical Equipment

The school should have policies regarding maintenance and storage of medical equipment. The lawful custodians usually have the responsibility to purchase and provide medical equipment.

Addressing All Health Care Conditions

Even though some students might not appear to have a serious health condition, it is still critical to deal with their needs. A student with asthma, allergies, and attention deficit disorder,

Guidelines for: Educators, School Nurses, & Parents ---

etc., may require an Individualized Health Care Plan. In the situation where delegation of care may occur with mild conditions, the school nurse may delegate care to the student. All steps of the delegation process would need to be carefully followed if this occurs. Unattended minor issues could become major concerns.

Notification of Emergency Medical Personnel

The school district should have a policy in place governing the appropriate notification of emergency medical personnel. The policy should indicate the person in the school who will be responsible for determining whether a possible medical emergency exists and who is to notify the emergency medical personnel. This policy should be broad enough to consider the needs of all students, but also allow for the specific needs of the student with special health care needs. When appropriate the student should have an anticipated health crisis plan as part of the Individualized Health Care Plan. The plans should include contingencies of how to handle situations when the individual performing health care procedures is not available.

Policy Development

School administration is ultimately responsible to ensure that policies are in place that support elements of the provision of specialized health care services to students who need them as suggested in these guidelines (e.g., documentation, funding, emergency contacts/names up-to-date, confidentiality of records).

Summer School

Students who voluntarily attend summer school and need specialized health care must have access to this care. School districts may need to contract with outside agencies for this care or extend school nurse contracts to cover summer services.

Serving Students with Special Health Care Needs

Training

The school district should incorporate training into its Comprehensive System of Personnel Development plan and “acquire and disseminate promising educational practices” relative to the student with special health care needs.

Transition Points

The team should carefully plan for critical times during the student’s education when changes will occur, such as; grade level to grade level, building to building and school to community experiences.

**EDUCATOR
CONSIDERATIONS**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Educator Considerations* 44444444

SERVING STUDENTS WITH SPECIAL HEALTH CARE NEEDS

The classroom teacher and other staff should familiarize themselves with the health status of their students inasmuch as it is necessary to provide for the health and safety of those students. The school nurse may be consulted for assistance with the understanding to include knowledge of signs and symptoms of distress unique to a child's condition, any necessary precautions or generalized risks, side effects of medications to be alert for, and treatment or procedures that he/she may be asked to assist with or do. Other tips to consider for classroom teachers are:

Accessibility: Make the classroom as barrier free and accessible as possible. Don't block doorways or put sharp or breakable items in doorways or aisles. This is especially important in case of emergency.

Accidental Exposure: Risk of exposure to body fluids with visible blood depends on the type of body fluid, the type of infection and the condition of the skin. Contaminated areas should be washed immediately with soap and water. School districts should have a policy regarding exposure to body fluids with visible blood, including a post-exposure program.

Access to Electrical Power: If the student needs electrically powered equipment, ensure access to the necessary electrical outlets, and backup electrical power in case of a power failure in the school.

Appropriate Equipment: Ensure that the classroom is appropriately equipped for the needs of the student with special health care needs. The equipment should be easily accessible. Consider its placement and the safety of the others in the room. The equipment needs to be routinely monitored and maintained.

Assistive Technology: Many students with special health care needs require the use of an assistive technology device or service. Become familiar with any technology used in the classroom.

Building Level Emergency Procedures: Make sure working emergency and fire protection systems are in place and posted for all to locate and understand. Ensure that all students understand the warning signals and procedures for what to do and who is responsible. Have a plan for transporting students with limited mobility out of the building in case of fire.

Serving Students with Special Health Care Needs

Make sure switches, controls and fire alarms are within reach of students in wheelchairs. Find out what types of emergencies might occur as a result of equipment failures.

Classroom Furnishings: The furniture in the classroom should be appropriate for the students' health care needs, as well as general physical accessibility.

Cleanliness: Hands should be washed before and after contact with the student needing health care. Consideration should be given to the type of cleaning materials used and possible allergic reactions.

Clean-up: Spills of body fluids with visible blood should be cleaned up immediately. The CDC recommends the following method: 1) wear gloves; 2) mop up the spill with paper towels or other absorbent material; 3) use a solution of one part household bleach in ten parts water to wash the area well; and 4) dispose of gloves and waste in a sealed double plastic bag.

Confidentiality: All records and information pertaining to an individual student with special health care needs are confidential. All questions or concerns regarding health should be directed to the school principal and/or school nurse.

Extra-curricular Activities: The Individualized Health Care Plan should address non-academic and extra-curricular services and activities, including meals, recess periods, transportation, vocational or community based instructional settings, and sports.

Medication: Know what medications are being taken by the student, the side effects, and the consequences of not taking the medication. If at all possible, medication should be given at home and not at school.

Observations: The teacher and classroom assistant are the first line of information in the educational setting. Written observations of behavior and changes in behavior must be communicated in an accurate and timely manner to the rest of the team. A checklist is useful for routinely monitoring ongoing and changing student needs.

Peer Awareness: With the lawful custodian's consent and school nurse involvement, provide information to the class regarding health care conditions. This lessens fears and increases acceptance of diversity.

Privacy: Each student deserves the right to privacy, especially for medical procedures that are invasive or could be embarrassing if performed in front of other students.

G uidelines for: Educators, School Nurses, & Parents

Protection: Use disposable latex gloves for protection when providing services requiring contact with body fluids with visible blood. This is essential for the protection of the caregiver as well as to control the spread of infectious agents from student to student.

School Nurse as a Health Resource: The professional school nurse is a health resource to the classroom teacher and will be able to assist in the understanding of specific health conditions and their implications for care in the classroom. He/she can provide interpretation of medical record data, lawful custodian and physician instructions, and medication indications.

When the school nurse is not assigned to the school full time, knowledge of her/his accessibility and plans for back-up resources are important for classroom staff.

The classroom teacher should take advantage of training opportunities that may be necessary to care for students with specialized health needs.

Supplies: Have a knowledge of where equipment and supplies can be obtained. Communicate with the lawful custodians for sending disposable supplies to school on a regular basis.

Toileting: A bathroom must be accessible for the student who is physically disabled, with space and hardware to permit independence. Sinks and faucets should be low and easy to operate. A procedure for taking the student to and from the bathroom should be established, when necessary.

Transition Points: The team should carefully plan for critical times during the student's education when changes will occur, such as; grade level to grade level, building to building and school to community experiences.

Waste Disposal: Have a system for disposing of contaminated waste. Project School Care's publication recommends that contaminated supplies (except for sharp objects), be placed in sealed plastic bags and then sealed in a second plastic bag, labeled as hazardous waste and then disposed of. Sharp objects should be placed in labeled puncture-proof containers that conform with OSHA regulations.

Serving Students with Special Health Care Needs



INFECTION CONTROL

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

444444444 *Infection Control* 444444444

As in any school setting, good hygiene and infection control is a must. Students with special health care needs are *not* more likely to be carriers of infectious disease, but do need more attention to this issue. These students are probably at increased risk for infectious spread due to procedural considerations (e.g., medication administration, treatments such as suctioning, etc.) and their lessened ability, in many cases, to perform routine self-care (e.g., handwashing and toileting). School staff must diligently comply with measures designed to minimize exposure to and the spread of infectious disease and thus assure a hygiene and safe environment for these students and their caregivers.

Implementation of policies and plans for infection control may ultimately be the administrator's responsibility. He/she should be completely familiarized with federal and local public health regulations and occupational safety and health requirements (OSHA).

Administrative Responsibilities

School systems must support OSHA requirements by providing supplies such as gloves, waste disposal equipment, proper disposal procedures (often contracted with external agency) for sharps (syringe needles), Hepatitis B vaccine program, and training.

Bloodborne Pathogens Exposure Control

In addition to Universal Precautions, more conservative measures are required to conform to OSHA (Occupational Safety and Health Administration) standards for control of exposure to bloodborne pathogens. These were instituted primarily to prevent the transmission of human immunodeficiency virus (HIV) and Hepatitis B. These pertain to blood, any body fluids containing visible blood, vaginal secretions, semen, cerebrospinal fluids, synovial fluid, and pericardial fluid. (More details are included in Appendix A.)

To comply with federal OSHA regulations, schools must have in place an Exposure Control Plan for Bloodborne Pathogens. This includes procedures for training, identification of high risk exposure employees, supplies for Universal Precautions, waste management, plan for accidental exposure, and a Hepatitis B vaccine program.

Serving Students with Special Health Care Needs

Communicable Diseases (Acute and Chronic)

Schools should have in place policies derived from state public health regulations (KAR 28-1-6) regarding attendance in school with acute infectious diseases such as strep, pediculosis, chicken pox, Hepatitis A, vaccine preventable diseases, and many skin diseases. These should apply to all students equally, those with special needs and others, including staff.

However, policies must also address students with chronic infectious diseases that do not necessarily preclude students from attending school. These include HIV, Hepatitis B, CMV, TB, herpes, etc. Issues to be addressed include confidentiality and knowledge of diagnosis by school staff, attendance and need for exclusions from school in times of increased communicability and training for staff, if indicated, about the chronic condition and its care. Strict adherence to infection control measures addressed in this section and in Appendix A will minimize risk to other students and staff.

Hepatitis B Vaccinations

The OSHA Bloodborne Pathogens Standard requires that Hepatitis B Vaccinations be provided to all employees who, as a part of their normal job duties, are expected to have occupational exposure to blood or other infectious body fluids. The school district should identify job positions that pose a high risk of contracting Hepatitis B and ensure that vaccinations occur. These vaccinations must be provided to eligible employees within 10 working days of assignment, at no cost, at a reasonable time and place, and under the supervision of a licensed health care professional. Eligible employees who choose not to be vaccinated must sign a declination form. Employees who decline Hepatitis B vaccination may later opt to receive the vaccination at no cost to the employee.

Vaccine is available at a reduced rate for public employees. It is suggested that schools work with their school nursing staff and/or local department of health to secure vaccinations at the lowest possible cost.

Immunizations

Although not currently required for school employees, all school staff who have contact with students would be wise to maintain adequate adult levels of immunizations against vaccine preventable diseases such as diphtheria, tetanus, polio, measles, mumps and rubella. ACIP (Advisory Committee on Immunization Practices) recommends that adults who were born after 1957 receive a second dose of MMR unless they have had a documentable case of measles.

G uidelines for: Educators, School Nurses, & Parents

Following an adequate childhood series of DPT and OPV (polio), adults should receive a Td (tetanus/diphtheria) booster every 10 years.

Universal Precautions

Universal Precautions have been recommended by the Centers for Disease Control to decrease the risk of spread of infections by blood and other body fluids. Universal Precautions, which include handwashing, use of appropriate barriers such as gloves, and proper waste management, should be employed for exposure to any body fluids. In addition to blood and blood products, this includes saliva, sputum, feces, nasal secretions, tears, urine and vomitus. Procedural details are available in Appendix A.

Serving Students with Special Health Care Needs

**COMMON
QUESTIONS AND
ANSWERS**

Serving Students with Special Health Care Needs

Guidelines for: Educators, School Nurses, & Parents

44444444 Common Question and Answers 4444

1. Q. Can a school refuse to enroll a student with special health care needs?

- A. NO. School districts cannot discriminate against a student with special health care needs. Such a student has the right to enroll in school in accordance with federal and state law. A student with special health care needs may be entitled to special services and/or related services under special education or accommodations under Section 504.

2. Q. When a student experiences changes in his/her health condition, who is responsible for making adjustments in the educational program?

- A. The lawful custodian is responsible for keeping school officials current on the student's health care condition. The IEP/IFSP Team or Section 504 Committee is responsible for making adjustments in the educational program when a student's health care condition changes. It is essential that a nurse participates in the process to provide relevant health information. Any member of the team can recommend a review of the plan.

If the student is not eligible for special education or Section 504 services, the school nurse and lawful custodians work together to make the necessary changes.

3. Q. Who determines what nursing tasks can be delegated?

- A. The Kansas Board of Nursing, through its Nurse Practice Act, outlines what can be delegated. Questions regarding delegation of nursing tasks should be directed to the school nurse, State School Health Consultant or the Board of Nursing.

4. Q. Are these guidelines intended only for moderate or severe students with special health care needs?

- A. No, the majority of students will have minor conditions that will require a minimal amount of accommodations and accompanying documentation. These cases are just as important as the students with complicated problems. Unattended, minor issues could become major concerns. All students, regardless of the complexity of their disability, deserve equal attention, care and documentation.

Serving Students with Special Health Care Needs

- 5. Q. Who determines if a student with special health care needs is able to attend school?**
- A. The decision is made by a team including the student's physician and school nurse, with input from lawful custodians and school staff.
- 6. Q. Do school personnel have the right to know a student's health condition?**
- A. YES. School personnel need to know the possible effects of the health condition on the student's educational program. This information is treated in a confidential manner.
- 7. Q. Does a student with special health care needs or a medical diagnosis of a health condition automatically qualify for special education?**
- A. NO. A team must determine if the student meets the eligibility requirements for special education. However, students with special health care needs could be eligible for accommodations under Section 504, even if they do not qualify for special education.
- 8. Q. Is assistive technology a required service for students with special health care needs?**
- A. It would depend on the unique needs of the student. Assistive technology should be considered during the evaluation and programming process. If a student needs an assistive technology device or service to benefit from their education, it must be provided by the school district. Many assistive technology devices are low-tech and inexpensive.
- 9. Q. Can schools be required to purchase personal devices such as hearing aids and eye glasses?**
- A. On a very limited basis and under unique circumstances based on the individual, special education needs of a student with disabilities, devices such as hearing aids and eye glasses may be considered assistive technology. In November, 1993 the Office of Special Education Programs (OSEP) issued a policy letter (Seiler, 20 IDELR 1216, 1993) that stated a hearing aid could be considered a covered device under the 1990 amendments to the IDEA. As with any other assistive technology

G uidelines for: Educators, School Nurses, & Parents

device(s) and/or service(s), if the school unit is to provide the device and/or service, it must be written into the IEP/IFSP.

10. Q. How does one distinguish between assistive technology and personal items (e.g., wheelchairs, hearing aids, eyeglasses, crutches)?

- A. Currently, IDEA does not make a distinction between assistive technology devices and personal items. This stems in large part from IDEA's broad definition of assistive technology. Assistive technology device is defined as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities." 20 USC §1401(a)(25).

OSEP recently provided clarification on what it considers assistive technology devices. A hearing aid is considered a covered item and must be made available to a student if determined by the IEP/IFSP team that it is needed for the student to benefit from his/her educational program. (OSEP policy letter dated November, 1993). If a student with a disability needs eye glasses in order to obtain FAPE then the school district is obligated to provide them at no cost to the legal custodians. (OSEP-Letter to Bachus, January, 1995).

11. Q. Who should write the Individualized Health Care Plan?

- A. This is a collaborative effort among the lawful custodians, school nurse, with input from the physician, and other individuals as needed.

12. Q. Is an Individualized Health Care Plan required in the school setting by federal or state laws or regulations?

- A. Regulations from the Kansas Board of Nursing require a nursing care plan if procedures are provided at school.

13. Q. Is it necessary to have a physician attend an Individualized Health Care Planning meeting?

- A. It is desirable, but not required. Physician input can be gained in a variety of ways: written reports, prescriptions, or other written communications. Although verbal information may be used, written documentation provides verification and minimizes miscommunication and error.

Serving Students with Special Health Care Needs

- 14. Q. Are health care goals and objectives required on a special education student's IEP or outcomes on the IFSP?**
- A. They may be required when school health services are listed on the IEP/IFSP and the student is being taught a skill.
- 15. Q. Under what circumstances should the lawful custodians be notified of any changes in a student's health condition?**
- A. Lawful custodians should always be notified of changes in a student's health condition.
- 16. Q. What is the responsibility of the school regarding students with special health care needs who require homebound services?**
- A. School districts must have policies regarding homebound services. Each case must be decided individually by the IEP/IFSP Team or Section 504 committee.
- 17. Q. How can a school district provide for the special health care needs of a student if the school doesn't employ a nurse?**
- A. School districts may contract with individual nurses to provide full or part-time nursing services, contract with county health departments, or contract with other agencies to provide nursing services.
- 18. Q. If a student requires continuous school health services to be able to attend school, is it the responsibility of the school or the lawful custodians to hire the nurse?**
- A. This is a decision made by the IEP/IFSP or Section 504 team members. In some cases private insurance may pay for continuous nursing services. In other cases the school district may be able to bill Medicaid directly for the cost of the attendant. In most cases the school would only be responsible for nursing services during the school day.
- 19. Q. Is a school district responsible for purchasing and supplying medication?**
- A. NO. It is the lawful custodian's responsibility to purchase and supply the medications for the student while at school. The school should assist lawful custodians in need and find organizations that help pay for medications.

G uidelines for: Educators, School Nurses, & Parents

20. Q. Does the school have a responsibility for ensuring that a student remembers to take medication at school?

A. YES. The school has an affirmative duty to make accommodations for a student who must take medication during school or school-sponsored activities. Such medication shall be given in accordance with the physician's orders and be documented whenever medication is given.

21. Q. Is it permissible to change the dosage of a medication at the request of a lawful custodian, even though the physician's order on the medication is different?

A. NO. If the dosage of medication is to be changed, it must be changed by a physician. The lawful custodian or the school nurse may contact the student's physician to request a change in the student's medication. Before any dosage of medication is changed, it is recommended that the school have a written order signed by a licensed physician or dentist.

22. Q. Can the school require a lawful custodian to have a student placed on medication in order to attend school?

A. NO. However, if in the judgement of the school nurse, a student's life or health is in danger without medication, adequate steps should be taken to inform lawful custodians and encourage them to seek medical care.

23. Q. When is it appropriate for a student to perform self-administration of medication?

A. The team should consider the following factors when allowing a student to self-administer medication.

1. The student's competency to perform the procedures.
2. The student's overall health status.
3. The student's ability to judge when the self-administration of medication is indicated.
4. Mechanism for documentation and/or monitoring self-administration.
5. The school policy on self-administration of a prescribed substance including security access and identifying the substance.

Serving Students with Special Health Care Needs

- 24. Q. Are psychiatric or mental illnesses considered a special health care condition that could require an Individualized Health Care Plan?**
- A. YES. Students with psychiatric conditions could require the administration of medication during school hours and/or an anticipated health crisis plan.
- 25. Q. There are numerous forms contained in these guidelines. Does each form need to be completed for all students with special health care needs?**
- A. NO. Each student will be different; the team will decide what documentation is necessary.
- 26. Q. Do all school personnel who have contact with a student have access rights to the student's school health records?**
- A. The IEP/IFSP team or Section 504 committee will determine what health information should be shared and with whom on a need to know basis.
- 27. Q. Where should the student's health records be kept?**
- A. Ideally, they should be maintained in the school nurse's office in a separate locked file, but accessible for those who need to know. Records must be maintained in a confidential manner in accordance with federal and state regulations. A copy of the Individualized Health Care Plan should be attached to the student's IEP/IFSP or Section 504 accommodation plan.
- 28. Q. If a student depends on electrical equipment, is the school district required to supply a portable generator as a precaution against power failure?**
- A. Provision of a portable generator may be an accommodation to the student's medical condition. The decision needs to be made on an individual basis by the IEP/IFSP team or Section 504 committee.
- 29. Q. Is it permissible to give the name of the student to the power company, telephone company, or an emergency services agency when alerting them as to the potential need for emergency services?**
- A. NO. These agencies do not need the student's name, they only need to know that there is a student in the school who may require emergency medical services, the

Guidelines for: Educators, School Nurses, & Parents

nature of the health condition, and the services which may be required in case of an emergency.

30. Q. What if the lawful custodian neglects the health care of the student?

- A. School staff are obligated to bring their concerns to the attention of the school nurse and principal. If the issues cannot be resolved, a report must be made to the appropriate social service agency.

31. Q. What is the school district's liability if a student dies at school?

- A. The school has a duty to exercise reasonable care; negligence is the standard of liability.

32. Q. Can the school require the lawful custodian to come to school to provide for the health care needs of the student?

- A. NO. However, a school may employ the lawful custodian to provide the services or a lawful custodian may prefer to provide the services without compensation.

33. Q. Is the school obligated to provide an extended school year program for a student who has a chronic health condition and who has missed a great deal of school?

- A. If the student is served under special education the provisions of an extended school year may be required as part of an IEP/IFSP in cases where the student demonstrates serious regression of established skills.

34. Q. Can a school be required to follow a DNR (Do Not Resuscitate) request?

- A. NO. School districts should follow district policies for handling medical emergencies. Educators must not be required to make the medical judgments necessary to carry out a DNR request.

35. Q. Is this nursing task under the state's definition of nursing?

- A. Nursing and medical activities are defined by state statute and interpreted by the State Boards of Nursing, Boards of Healing Arts and/or state attorneys general and courts. Based on this definition, the nurse decides whether or not the procedure is one that must be performed by a registered nurse.

Serving Students with Special Health Care Needs

36. Q. Can the procedure be rendered by non-licensed school staff under the supervision of a school nurse?
- A. Nursing activities not specifically addressed in statute or legal interpretations can be performed by a non-licensed individual if the activity does not require the exercising of nursing judgement and if delegated and supervised by a registered nurse.

**TRAINING
ISSUES**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Training Issues* 4444444444

Because each student is unique and has different health care and educational needs, training must occur whenever a student's health care needs change. Inservice should involve comprehensive staff training and/or student-specific training. In most cases, a school nurse or public health care professional will provide training to school staff. It is appropriate to involve the lawful custodian(s) and students during certain stages of the training. It is also important for the school district to provide opportunities for the school nurse to develop and/or enhance skills for and knowledge of special health procedures.

Comprehensive Staff Training

The school nurse and counselor should provide a list at the beginning of each school year and an update, as needed, of those students with special health care concerns. Confidentiality of information and lawful custodian consent should always be followed. Copies of the student's Individualized Health Care Plan should be reviewed and distributed.

It is recommended that all school districts provide, make available and document, inservice in the following areas:

1. Skills in CPR and basic first aid.
2. Confidentiality issues and documentation procedures.
3. Awareness training in serving students with special health care needs.
4. Universal blood and body fluid precautions.
5. Process and components of an Individualized Health Care Plan.
6. Information and resources on death and dying, as appropriate, prior to death or in the event a student dies. If a student dies, counseling resources should be available for psychological support and other needs associated with the grieving of students and staff.

Serving Students with Special Health Care Needs

Student Specific Training

All school staff involved with the student should be included in some level of training. The primary school personnel who are providing direct care to the student should be provided training whenever a student requires health care procedures at school and/or whose condition is severe enough to jeopardize his/her physical health. The training will provide comprehensive information on the student's condition and the roles and responsibilities of each staff member. Lawful custodians should always be informed and invited to participate in staff training regarding their child. Topics in the training should include the following:

1. Review of the student's condition and health care needs.
2. Required health care procedures and who will be responsible.
3. A review and familiarization with the student's Individualized Health Care Plan.
4. A review and familiarization with the anticipated health crisis plan. This plan should include back-up procedures in case of power outages, school staff absences, and equipment failure.
5. A review of plans for transportation, including roles and responsibilities.
6. Procedures for keeping records and documenting the student's program and health care procedures.
7. Those providing direct health care procedures should be trained and should meet requirements under the Kansas Nurse Practice Act. The training should be reviewed:
 - a. At least annually.
 - b. If a health crisis occurs.
 - c. For new staff members.
 - d. Whenever the student's health care status changes.
8. Discussion and sharing of information with the student's peer group. This will create a greater understanding of the student's condition and foster acceptance into the social environment. The method and manner of this presentation should be discussed with the lawful custodian(s) and student. Emphasis should always be placed on how students are more alike than different.

G uidelines for: Educators, School Nurses, & Parents

Training should be viewed as an ongoing process that is modified as necessary to meet the needs of the student. The professional responsible for the training of direct care personnel is also responsible for:

1. Training in procedures for appropriate documentation of the performance of special health care procedures. Documentation of the procedure is required after the delivery of the procedure. The continuity of the student's health care is dependent on this documentation.
2. Ensuring the competency of the personnel for performing the direct care procedures and documenting. It is recommended that the lawful custodians also sign the competency documentation to verify their satisfaction with the completion of the training.
3. Training review should be scheduled and occur whenever there has been a change in the student's health status or if a health crisis has occurred. Re-training may be necessary when the Individualized Health Care Plan is revised, new direct care personnel are employed, or the student's placement is changed.

Peer Group Awareness Training

Depending on the special health care need of the student, discussion and sharing of information with the student's peer group may be necessary. Such training will help fellow students to gain an understanding of the student's condition, foster acceptance in the social environment and reduce fears the students may have about socializing with the student.

Prior to the provision of peer group awareness training, the information to be shared and the manner of presentation must be discussed with the lawful custodian and, if appropriate, with the student. The lawful custodian(s) should be encouraged to take part in the training. All training with student peers must be done with full knowledge and written consent of the lawful custodian.

Serving Students with Special Health Care Needs

Training Needs of Paraprofessionals, Teachers and Other School Staff

General preservice and inservice training should be provided for all school personnel. It should be on-going, systematic and updated as changes occur in the student population and in the requirements of educational programs. Training programs for those staff who serve students with special health care needs should cover the following areas:

1. The Individuals with Disabilities Education Act – who it covers, and how it works.
2. Vocational-Rehabilitation Act – history of the Act, who it covers, and how it works.
3. Universal precautions – what this means, how they work, and how to get help.
4. Basic first aid and CPR.
5. Emergency procedures for the school – who to call, and where to take students in case of fires, earthquakes, power failures, etc.
6. Proper techniques for lifting and moving students.
7. Proper use of equipment students might have in school (i.e., wheelchairs, walkers, breathing apparatus, etc.).
8. Overview of typical student health problems they may encounter in the traditional classroom (i.e., asthma, diabetes, seizure disorders).
9. The how-to's of any medical procedures delegated to them by the registered nurse including:
 - a. What constitutes an emergency;
 - b. Whether the procedure could be a threat to their own health and safety;
 - c. Possible reactions or side effects to procedures or medications;
 - d. Possible drug interactions; and
 - e. Legal and liability issues.
10. Infection control.

The school health professional's responsibility, if he or she has delegated provision of health services, is to document that school personnel have been appropriately trained to provide those services. It is also a responsibility to continually monitor personnel and provide for retraining or updated training. The unlicensed school staff must be sure that training has been documented and signed off by the school nurse or the person who trained them.

Whether unlicensed school personnel are responsible for providing health services or not, they should still be trained in such areas as proper lifting techniques, emergency procedures, background on federal and state law, etc.

G uidelines for: Educators, School Nurses, & Parents

Training Needs of School Nurses

The school nurse is the central person responsible for the development and implementation of the student's Individualized Health Care Plan. Training opportunities should be made available to keep the nurse updated regarding special education, Section 504 and school nursing issues. Possible training topics could include:

1. the current administration of health care procedures;
2. the administration of over the counter and prescription drugs;
3. the effects, side effects and allergic reactions to drugs;
4. current emergency procedures;
5. a review of current regulations, including special education, Section 504, and the Kansas Nurse Practice Act;
6. supervision and delegation of nursing procedures; and
7. confidentiality and record keeping.

Serving Students with Special Health Care Needs

**TRANSPORTATION
ISSUES**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Transportation Issues* 4444444444

Transportation should be addressed as part of the assessment and planning process since this is considered part of the school day. Students with special health care may need special adaptations in general transportation to accommodate specific health conditions and to transport essential equipment.

When a student with special health care needs requires health care considerations as part of regular or special transportation provisions, appropriate transportation staff must be notified. It is desirable that a member of the transportation staff attend meetings for the development of the Individualized Health Care Plan. If this is not possible, an appropriate member of the Individualized Health Care Planning team should discuss the student's needs with transportation staff to ensure that the Individualized Health Care Planning team is aware of any special considerations.

Some students with special health care needs may need to bring special equipment to school. Oxygen cylinders, portable ventilators, suction machines, or medication compressors must all be stowed safely when transported. Improper securing of equipment could pose a hazard to the student with special health care needs as well as to other students on the bus.

Bus Drivers – Responsibilities in the Individualized Health Care Plans

Because some students with special health care needs have unique transportation needs, bus drivers will need special instructions and training. Such instruction must be provided before a student enters the program and requires transportation services. A good practice is to tape-record the information given to the bus driver so that the instructions and extra information concerning the safe transporting of the student may be reviewed later. Many schools have included two-way radios to enable bus drivers to get help in times of emergency. The following areas should be covered:

1. A section of basic awareness devoted to transporting students with disabilities.
2. Instructions concerning confidential information.
3. Special instructions and training on the unique health care needs of each student with special health care needs.
4. Other considerations:

Serving Students with Special Health Care Needs

- a. Identify all emergency rooms or stations located within or near the specific bus route.
 - b. Identify immediately, the shortest route to any emergency hospital from any location on the bus route.
 - c. Obtain additional assistance from police or fire departments or from emergency medical services during an emergency.
 - d. Be able to evacuate the bus in an orderly and timely fashion including directing and supervising the students after they have evacuated the bus.
 - e. Handle a student's medication in the manner approved by the local educational agency and health care professionals.
 - f. Communicate expectations for the student's behavior during the bus trip.
 - g. Know how to lift and carry students off the bus correctly without causing harm to the student or to oneself.
 - h. Have current certification in basic cardiopulmonary resuscitation (CPR) and first aid.
5. When a student with special health care needs is admitted to school, the bus driver, specified substitute bus driver, bus attendant, and substitute bus attendant for the route servicing this student shall be given specific information on the student:
 - a. Method of communicating with others,
 - b. Manner of going from home to the bus,
 - c. Method of boarding the bus,
 - d. Any special seating arrangements,
 - e. The type of health crisis the student might have while on the bus, including any allergic reactions that might occur (for example, a bee sting) and phone numbers for bus drivers to call in case of emergency,
 - f. The actions that the bus driver should employ in responding to an emergency for a student or for equipment,
 - g. Special instructions if the bus is involved in an emergency; for example, methods for carrying the student or for handling any type of physical reaction that the pupil might experience,
 - h. Any specific behavioral management plan that is used by the lawful custodians or school.

G uidelines for: Educators, School Nurses, & Parents

Transportation Attendant

When an attendant is riding the bus with a student, the bus driver should understand the attendant's responsibilities. The bus attendant is trained and supervised by the school nurse to monitor and, if necessary, perform health care procedures on the bus. The responsibilities of the bus attendant should be specified on the student's Individualized Health Care Plan and attached to the IEP/IFSP or Section 504 accommodation plan.

The bus attendant should be invited to all meetings related to the student and be familiar with the student's program as it pertains to that part of the school day.

Serving Students with Special Health Care Needs

GLOSSARY

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Glossary* 4444444444

HEALTH CARE AND EDUCATION TERMS

Following are definitions of frequently used health care and education terms. For more commonly used terms see the definition section at the beginning of this document.

Activities of Daily Living	Those activities related to a student's personal care activities (e.g., eating, toileting, locomotion, bathing, etc.).
Acute Health Condition	A sudden illness that is attended by brief cause and severe symptoms.
Anoxia	A lack of oxygen, particularly to the brain.
Apnea	Lack of breathing for longer than 15 or 20 seconds.
Arrhythmia	Any variation from the normal rhythm of the heartbeat either in time or force.
Artery	Any blood vessel that leads away from the heart. Arteries carry oxygenated blood to the body tissues (except for the pulmonary artery that carries non-oxygenated blood from the heart to the lungs).
Asphyxia	Lack of proper oxygen and blood flow.
Aspiration	Breathing a foreign substance such as food, formula, or stomach contents into the lungs; may cause aspiration pneumonia.
Asthma	A respiratory disease that can cause severe breathing problems.
Axillary	Of, relating to, or located near the underarm.
B.I.D.	Health abbreviation for "twice a day."
Bagging	Pumping air and/or oxygen into a person's lungs by compressing a bag attached either to a mask that covers the nose and mouth or

Serving Students with Special Health Care Needs

	a tube which accesses the trachea through the nose, mouth or opening in the neck (tracheostomy).
Bradycardia	A slower than normal heartbeat resulting in a slower pulse rate than is normal for the age group.
Bronchial Tubes	The tubes that lead from the trachea (windpipe) to the lungs.
Bronchus	The windpipe that conveys air to and from the lungs.
Capillaries	Smallest blood vessels in the circulatory system.
Case Manager	The staff member in charge of the student and student documentation or an insurance affiliated (i.e. Medicaid) professional who may work closely with the school system to facilitate the student's school placement experience.
Catheter	A thin tube used to administer fluids to the body or to drain fluids from the body.
Cerebral Vascular Hemorrhage	Bleeding; an abnormal flow of blood into the largest portion of the brain due to the break in a blood vessel.
Certification	The process by which a health professional receives recognition from a national certifying body for competence or expertise in a specialty practice area.
Chronic Condition	A physical and/or developmental impairment; any anatomical or physiological impairment that interferes with the individual's ability to function in the environment for a prolonged period of time.
Chronic Health Condition	One that is long term and is either not curable or has residual features that result in limitations in daily living and require special assistance or adaption in function.
Congestive Heart Failure	The failure of the heart to perform efficiently because of a circulatory imbalance or cardiac conditions.

G uidelines for: Educators, School Nurses, & Parents

CPR (Cardiopulmonary resuscitation)	A system that combines techniques of hand pressure and breathing to revive an individual whose heart has stopped beating or who has stopped breathing.
Daily Log: Medication/ Treatment Record	Form for logging of date and time treatment or medication was provided to student.
Developmental Disability	Any severe, chronic disability that is attributable to a mental and/or physical impairment, is likely to continue indefinitely, results in substantial limitation of function, and requires special services.
Diabetes Mellitus	A chronic metabolic disorder in which the ability to oxidize carbohydrates is impaired and normal insulin secretion is disturbed.
Diagnosis	The careful, critical study of something in order to determine its nature.
Documentation	The recording of assessments, plans, interventions, and evaluations of care given to students. This process results in a record that may be used in a court of law. (National Association of School Nurses, 1991).
Education Advocate	Means a person appointed by the state board who represents the student in educational matters.
Educational Setting	Any setting in which the student receives instruction, whether school building, community, institution, or home.
Emergency	A serious situation that arises suddenly and threatens the life or welfare of a person; a crisis.
Emergency Situations	Every school district is vulnerable to natural disasters and other emergency situations. Students requiring life sustaining medications or equipment will require additional provisions if they are required to remain at school for extended periods of time during emergency situations.

Serving Students with Special Health Care Needs

Endotracheal Tube (ET tube)	A thin plastic tube inserted through the nose or mouth into the trachea (windpipe) to allow delivery of air and/or oxygen to the lungs.
Environmental Safety	The internal and external factors that protect an individual's health and well-being; usually related more specifically to physical safety and to physical surroundings.
Esophagus	The tube extending from the mouth to the stomach that carries food to the stomach.
Evaluation	A continual process of data collection which is used to appraise the care given to a student.
Family-Centered Care	Health care that focuses on the whole family as the client, with recognition of individual and specific needs and strengths of members who are the decision makers and care givers for children.
Foley Catheter	An individual catheter retained in the urinary bladder by a balloon inflated with air or fluid.
Gastrostomy	A surgically created opening in the abdominal wall to provide nutrition and/or medication directly to the stomach via a tube when the esophagus is blocked or injured, or to provide drainage after abdominal surgery.
Gavage Feeding	Feedings given through a tube passed through the nose or mouth and into the stomach. Only the RN should perform this procedure in the school setting.
Glucometer	A device that measures the amount of sugar in the blood.
Goal	A broad (general) desired aim which may direct more specific measurable objectives or criteria to evaluate a client's progress.
Health History	Health information collected in an organized format concerning a client's current and past health status, developmental milestones, family's health status, and psychosocial interactions and the

G uidelines for: Educators, School Nurses, & Parents

	home environment. It is a part of the assessment step of the nursing process.
Health Professional	Individual with specialized educational preparation, knowledge and skill who is licensed or certified to provide specific health care services to clients, such as nurses, physicians, occupational and physical therapists, speech language pathologists, clinical psychologists, and social workers.
Home Visit	A personal conference held in the home setting of a client to obtain and/or receive client's health information for purposes of health assessment, planning, implementation or evaluation.
Hydrocephalus	"Water on the brain." An excess of cerebrospinal fluid inside the skull; usually a congenital condition.
Hyperglycemia	Abnormally increased content of sugar in the blood manifested by dry, warm, flushed skin; increased thirst or urination; hunger, vision changes; and weight loss.
Hyperventilation	Excessive rate and depth of respiration leading to an abnormal loss of carbon dioxide from the blood.
HBV	Hepatitis B Virus, the causative agent of Hepatitis B infection.
HIV	Human Immunodeficiency Virus, the causative agent of AIDS.
Implementation	Performance of interventions to accomplish student goals or outcomes as part of the health care process.
Inclusion	A concept that persons with disabilities will be fully included in the mainstream of life. Federal legislation supports this concept of the least restrictive environment in schools.
Indwelling Catheter	A catheter left in place in the urinary bladder.
Inservice	Instructional programs that provide for continuing professional growth and development of all school personnel.

Serving Students with Special Health Care Needs

Insulin	A protein hormone formed in the pancreas and secreted into the blood, where it regulates carbohydrate (sugar) metabolism.
Licensure	Permission by a competent authority (usually a governmental agency) to an organization or individual to engage in a practice or activity, usually granted on the basis of education and/or examination.
Medical Services for Diagnostic and Evaluation Purposes	Identification and diagnosis by a licensed physician of medically related disabilities which assist in determining the individual's need for special education and related services.
Medical Technology	A student for whom medical equipment or instrumentation is used on a regular basis to provide life-sustaining measures.
Medical Treatment	Services which can be provided only by a licensed physician.
Medically Complex	A student who has multiple special health care needs that are unstable or potentially unstable and may be life-threatening and require skilled nursing care.
Multidisciplinary Team	Individuals representing family, education, health and administration who have assessed the student and/or will provide direct or indirect services to the student.
Nasogastric Tube	A small flexible tube inserted through the nose or mouth, down the esophagus, and into the stomach.
Nursing Care Plan	A plan that determines the course of action to be used by the nurse to meet the health needs of a student.
Nursing Diagnosis	Nursing diagnoses are those which the nurse can legally identify and for which the nurse can order definitive interventions to maintain the health state or to reduce, eliminate, or prevent alterations in health status.
Nursing Process	An organized, systematic approach to assessing, planning, implementing, and evaluating nursing care.

G uidelines for: Educators, School Nurses, & Parents

Objective	A clearly defined short-term aim to be attained for achieving a client goal. It is a part of the nursing process.
Ostomy	An artificial opening in the body.
Person Acting as Parent	Means: (1) A guardian or conservator; or (2) a person, other than a parent, who is liable by law to maintain, care for, or support the student, or who has actual care and control of the student and is contributing the major portion of the cost of support of the student, or who has actual care and control of the student with the written consent of a person who has legal custody of the child, or who has been granted custody of the student by a court of competent jurisdiction.
Pharynx	The throat, the joint opening of the gullet, and windpipe.
PICU	Pediatric Intensive Care Unit.
Planning	A series of actions or activities based on assessment which are chosen to meet stated goals/outcomes, an action strategy.
Premature	A baby born before the 37th completed week of pregnancy or who weighs less than 2500 grams (5 lbs).
Preservice Education	The academic and professional work completed by a person at a college or university before that person is certified as a teacher or other professional.
Prevention, Primary	Preventive measures to avert health problems and promote good health, e.g., family planning services, genetic counseling, immunizations.
Prevention, Secondary	Early-intervention activities to detect disease and provide timely treatment to resolve or minimize disease effect(s).
Prevention, Tertiary	Interventions to minimize or stabilize the middle and later states of chronic disease or disability by rehabilitative measures.
Primary Health Care	Usually, a licensed health care professional responsible for the

Serving Students with Special Health Care Needs

Provider	planned health care of the client, including the right to medically diagnose, treat, and manage such care in accordance with state laws and regulations.
P.R.N.	Health abbreviation for “as circumstances may require.”
Protocol	A written organized plan or procedure of a medical intervention, usually approved and signed by the health care provider as part of a written order.
Qualified Personnel	Personnel who have been trained in certain procedures to a level of competence and safety that meets the objectives of the training.
Q.D.	Medical abbreviation for “every day.”
Q.I.D.	Medical abbreviation for “four times a day.”
Q.O.D.	Medical abbreviation for “every other day.”
Q.WK.	Medical abbreviation for “every week.”
Respirator	A mechanical device used to substitute for or to assist with breathing; is the same as a ventilator.
School Nurse	A registered nurse or nurse practitioner who meets the requirements set forth in Kansas Regulations and provides services in the school setting. LPNs are considered paraprofessionals in the school setting.
Shunt	An artificially created passage between two areas of the body, such as in a ventriculo-peritoneal shunt for hydrocephalus, which is a tube that drains fluid from the ventricles of the brain into the peritoneum (the abdominal cavity).
Standard of Practice	A standard established by custom or authority as a model, criterion, or rule for comparison or measurement.

G uidelines for: Educators, School Nurses, & Parents

Supervision	Provision of guidance by a qualified person for the accomplishment of a task or activity. The qualified person provides initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Total care of an individual remains the responsibility and accountability of the qualified individual.
Supervision (Nursing)	<p>Provision of guidance by a qualified nurse for the accomplishment of a nursing task or procedure with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Total nursing care of an individual remains the responsibility and accountability of the nurse.</p> <p>General Supervision: Includes review, observation, and evaluation of another's performance by the professional nurse, but does not require the nurse to be present at all times.</p> <p>Direct Supervision: Requires the professional nurse to be on-site, physically present, and immediately available to coordinate, direct, inspect, and evaluate the performance of another.</p>
Suctioning	Removal of secretions or foreign matter from the airway.
Systemic Reaction	A reaction affecting the entire organism.
Tachycardia	A faster than normal heart rate for the age group.
Tachypnea	An abnormally fast breathing rate.
TB	Tuberculosis.
Terminal Illness	Any illness, of long or short duration, with a life threatening outcome.
T.I.D.	The health abbreviation for the Latin words meaning "three times a day."
Total Parenteral Nutrition	Intravenous administration of solution that provides necessary

Serving Students with Special Health Care Needs

(TPN)	nutrients – protein, sugar, minerals, vitamins – is essentially the same as hyperalimentation.
Trachea	Windpipe; the tube that extends from the throat to the bronchial tubes.
Tracheostomy	A surgical opening in the trachea, below the larynx (voice box), made to allow air to enter the lungs when the throat becomes obstructed.
Transition	The process of the student moving from one environment to another for services.
Traumatic Brain Injury	Means an injury to the brain, caused by an external physical force, resulting in total or partial functional disability or psychosocial maladjustment that adversely affects educational performance. The term includes open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not include brain injuries that are congenital or dysgenerative or brain injuries induced by birth trauma.
Unlicensed Personnel	Staff members who are not authorized (by licensure) to provide services or perform acts or tasks that are regulated by the State regulations.
Upper Respiratory Infection (URI)	A cold; an infection affecting any portion of the respiratory tract above the larynx (voice box).
Urethra	Canal leading from the bladder through which urine passes.

**RESOURCE
MATERIALS**

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Resource Materials* 4444444444

Internet Resources/Organizations

(most of these organizations have publication sites to access videos and printed materials)

Children with Special Health Care Needs Program

<http://www.kdhe.state.ks.us/shs/services.html>

Diagnostic services, treatment services, outreach clinics, and special services are available, and the Web site provides information about who is eligible and how to apply for services.

Communities Can Coalition

3307 M Street, N.W., Suite 401

Washington, DC 20007

Telephone: (202) 687-5095 ; Fax: (202) 687-8899

E-mail: communities@gunet.georgetown.edu

Web Site: <http://www.dml.georgetown.edu/depts/pediatrics/gucdc/commcan.html>

Executive Director: Phyllis Magrab, PhD

Communities Can is a network of communities committed to ensuring comprehensive systems of services and support for children, especially children with special health care needs, and their families. Communities Can is designed to network communities to share information, skills and experiences in systems building; provide materials and resources on systems development; provide communities with a voice in national policy discussions; and recognize the achievements of communities in building successful systems for children and families.

Family Voices

P.O. Box 769

Algodones, NM 87001

Telephone: (505) 867-2368 ; (888) 835-5669 toll free ; Fax: (505) 867-6517

<http://www.familyvoices.org/>

Family Voices is a national, grassroots clearinghouse for information and education concerning the health care of children with special health needs. The organization works with local, state, and national policy makers, the media, health care and educational professionals in collaborative efforts to meet the needs of these children. Services to consumers include reference information and publications. Publications include a bimonthly newsletter. Materials are also available in Spanish.

Serving Students with Special Health Care Needs

Maternal and Child Health Policy Research Center

McManus Health Policy

750 17th Street, N.W., Suite 1025

Washington, DC 20006-4607

Telephone: (202) 785-7425 ; Fax: (202) 496-9067

<http://mchpolicy.org>

The Maternal and Child Health Policy Research Center addresses information, financing, and delivery system problems that impede access to comprehensive, family-centered, community-based care for children with special needs. The center works to increase the availability of information on children with special health needs, to reduce barriers to comprehensive community-based health services associated with lack of insurance coverage or inadequate coverage, and to improve the capacity of health, education, and social service systems to innovate and collaborate in planning, delivering, and financing comprehensive community-based care for all children with special health needs. The organization produces publications for policymakers, as well as consumers.

MCHLine and Child Health Library at NCEMCH

<http://www.ncemch.org/about/default.html>

The National Center for Education in Maternal and Child Health provides national leadership to the maternal and child health community in three key areas--program development, policy analysis and education, and state-of-the-art knowledge--to improve the health and well-being of the nation's children and families. Their databases link connects to an online database containing information and publications and other materials in the Maternal and Child Health Library. Existing bibliographies are available on-line for Children with Special Health Care Needs under their "Data and Research Tools" button.

National Association for School Nurses (NASN)

Western Office

111 Cantril Street

Castle Rock, CO 80104

303-663-2329

303-663-0403 FAX

<http://www.nasn.org/>

The National Association of School Nurses is a non-profit specialty nursing organization incorporated in 1979, which represents school nurses exclusively. A major focus of the National Association of School Nurses and school nursing services is the prevention of illness, disability, and the early detection and correction of health problems. Other areas of concern include, management of children with special health care needs in the school setting and the

G uidelines for: Educators, School Nurses, & Parents

support of their families, lack of health care to non-insured and under insured children, immunization and homeless children.

National Information Center for Children and Youth with Disabilities (NICHCY)

1875 Connecticut Avenue, N.W., Eighth Floor

P.O. Box 1492

Washington, DC 20013-1492

Telephone: (202) 884-8200 ; (800) 695-0285 ; Fax: (202) 884-8441

E-mail: nichcy@aed.org

<http://www.nichcy.org/>

NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals. Their focus is children and youth (birth to age 22).

The National Maternal and Child Health Clearinghouse (NMCHC)

(888) 434-4MCH

<http://www.nmchc.org/html/cf/catalog.cfm> (Catalog of publications)

The Clearinghouse is funded by the Health Resources and Services Administration (HRSA), Maternal and Child Bureau (MCHB), a branch of the U.S. Department of Health and Human Services (HHS). An integral part of the Clearinghouse, the National Sudden Infant Death Syndrome (SIDS) Resource Center (NSRC) produces and disseminates educational materials on SIDS to public health and emergency medical practitioners and legal professionals, as well as to parents, families, and the general public.

***National Policy Center for Children with Special Health Care Needs -**

<http://www.jhsph.edu/centers/cshcn>

This center promotes comprehensive, family-centered systems of care for children with special health care needs and their families through gathering and disseminating information, conducting policy research, developing methods for evaluating integrated systems of care at the community level, providing support and information to family advocacy efforts, and providing monitoring and system-design tools to managed care organizations and state agencies concerned with this populations. On-line products and other publications are available through this site.

Serving Students with Special Health Care Needs

Project Care

Children's Hospital, Project School Care

300 Longwood Avenue

Boston, MA 02115

Telephone: (617) 355-6714 ; Fax: (617) 335-7940

E-mail: porters@a1.tch.harvard.edu

Executive Director: Judith Palfrey, Director

Project School Care assists families and school systems involved in helping children who are making the transition into school with the aid of medical technology. The project documents access to educational services and offers consultations, referrals, training, conferences, and resource materials. A publication list is available.

Useful Web Sites for Parents of Children with Special Health Care Needs

<http://www.familyvillage.wisc.edu/websites.html>

Sponsored by the Family Village Project.

Video & Print Materials

Cedar Rapids: What the Supreme Court's Ruling Means for School Districts --- Your Responsibilities to Service Medically Fragile Students

1999 Vicky Pitasky

LRP Publications

Children and Youth Assisted by Medical Technology in Educational Settings --- Guidelines for Care

1997 Stephanie Porter, et al

Paul H. Brookes Publishers

Children Assisted by Medical Technology in Educational Settings: Guidelines for Care

1989 Project School Care

Children's Hospital

Project School Care

300 Longwood Avenue

Boston, MA 02115

(617) 355-6714 ; Fax: (617) 335-7940

Linking Medicine and Education for the Child with Special Needs ---- What We Know, How We Teach

G uidelines for: Educators, School Nurses, & Parents

1998 Video Bruce Buehler
National Professional Resources
25 S Regent St
Port Chester NY 10573

Managed Care and Children With Special Health Care Needs: A Subject Review (RE9814)

American Academy of Pediatrics, September 1998
Available online at: <http://www.aap.org/policy/re9814.html>

Managing the School Age Child with a Chronic Health Condition: A practical guide for schools, families and organizations.

1988 Larson, G. (Ed.).
Midtown Commons
2324 University Avenue, West, Suite 105
St. Paul, MN 55114
(612) 647-6905 ; Fax: (612) 647-6908 ;
<http://www.pathfinder-resources.com>

Serving Students with Special Health Care Needs



<http://www.nasn.org/briefs/briefs>

NASN Home
About Us
Book Store
Annual Conference
Continuing Education
Journal of School Nursing

Issue Briefs

Definition: An informational report (inclusive of NASN's position and rationale, as pertinent) about a school nurse or health issue impacting children and/or schools.

Title	Year
Delegation of Care	A-1995
Health Care Reform and Schools — NEWLY REVISED	R-2000
Inclusion	A-1995
Integrated Service Delivery	A-1994
Managed Care	A-1997
Mental Health and Illness	A-2000
School-Based/School-Linked Clinics	A-1994
School Nurses and the Individuals with Disabilities Act (IDEA)	A-1996
School Violence	A-2000

A=Adopted

R=Revised

G uidelines for: Educators, School Nurses, & Parents



<http://www.nasn.org/position/position>

NASN Home
About Us
Book Store
Annual Conference
Continuing Education
Journal of School Nursing

Position Statements

Definition: Expressions of the opinions, beliefs, or official positions taken by the organization on issues related to health or to school nursing. Summarizing historical, political, or scientific aspects of an issue and serves as official viewpoint that can be shared with others.

Title	Year
Adolescent Parents	R-1997
Advanced Practice School Nurse, The	A-1997
Nursing Services in Alternative Education Programs	R-1996
Animals in the Classroom	A-2000
Asthma Inhalers, The Use of	R-1999
Automatic External Defibrillators in the School Setting	A-2000
Case Management	A-1995
Caseload Assignments	R-1995
Child Abuse and Neglect	R-1996
Child Care	R-1996
Condom Availability in the School Setting	R-1999
Continuing Education	A-1997
Contract Provisions	R-1995

Serving Students with Special Health Care Needs

Title	Year
Coordinated School Health Program	A-1999
Corporal Punishment	R-1996
Delegation	R-1995
Do Not Resuscitate — NEWLY REVISED!	R-2000
Emergency Care Plans for Students with Special Health Care Needs	A-1998
Epinephrine Use in Life-Threatening Emergencies	A-2000
Family Life Education	R-1996
Government Relations: Public Policy, Legislative, and Regulatory Participation	A-1998
Hazing	A-1997
Healthy School Environment	R-1998
Immunizations	R-1996
Individualized Health Care Plans	A-1998
Indoor Air Quality	A-2000
Infectious Diseases	A-1995
Managed Care	A-1997
Medication Administration in the School Setting	R-1997
Mental Health of Students — NEWLY REVISED	R-2000
Natural Rubber Latex Allergy	A-2000
Nit Free Policies in the Management of Pediculosis	A-1999
Nursing Diagnosis	A-1994
Nursing Minimum Data Set for School Nursing Practice	A-1999
Out-of-School Education: Field Trips and Camps	A-2000

G uidelines for: Educators, School Nurses, & Parents

Title	Year
Postural Screening	A-1994
Professional School Nurse Roles and Responsibilities: Education, Certification, and Licensure	R-1996
Reduction in Force (RIF)	R-1995
Regulations on Bloodborne Pathogens in the School Setting	A-1996
School-Based/School-Linked Health Centers	R-1996
School Health Records	R-1996
School Meal Programs	R-1996
School Nurse Attire	R-1996
School Nurse in Comprehensive School Health Education, The	R-1997
School Nurse and Specialized Health Care Services, The	R-1996
School Nurse Practitioner, The	R-1995
School Nurse Supervision/Evaluation	R-1995
Sexual Orientation	A-1994
State School Nurse Consultants	A-1998
Substance Use and Abuse	R-1996
The School Nurse and Sun Protection	A-2000
Role of the School Nurse in Violence Prevention NEWLY REVISED	R-2000
Volunteers in the Health Office	A-2000
Wellness Programs	R-1996

A=Adopted

R=Revised

Serving Students with Special Health Care Needs

NASN Publication Listing & Descriptions

Standards of Professional School Nursing Practice (S001)

The standards in this document are to serve as a definitive guide for role implementation, interpretation, and evaluation. They may be used separately or together with state nurse practice acts, scope of practice statements, and other relevant laws or statutes in determining the adequacy and competency of school nursing practice. They are intended to serve as a framework for the professional expectations of nurses who serve in our nation's schools and to further define and clarify the role of nursing in and with schools, and the school community. These new standards reflect the format and language of the Standards of Clinical Nursing Practice, a publication whose intent was to specify areas of responsibility and accountability common to the practice of all professional nurses regardless of nursing specialty (ANA, 1997). (Available Fall 1998)

' Non Member price \$15.00/Member price \$10.00

Standards of Professional School Nursing Practice: Applications in the Field (S001B)

This publication seeks to take the Standards of Professional School Nursing Practice into the real world of the school nurse. The reader will note that, occasionally, relevant roles and responsibilities of the nurse, school staff, parents, and other providers are outlined. This device is utilized for several reasons. School nurses work with others in a team effort to carry out the plan of care/action or case management. (2000)

' Non Member price \$20.00/Member price \$15.00

The Role of the School Nurse Brochure (S002)

A tri-fold brochure outlining who the school nurse is, preparation the school nurse needs, what the school nurse does, what services the school nurse provides, and what difference does a school nurse make.

' Non Member price 10/\$4.00/Member price 10/\$3.00

Guidelines For School Nursing Documentation: Standards, Issues, and Models (S003)

The purpose of this publication is to provide guidelines and resources to assist school nurses in developing, enhancing, and evaluating documentation processes critical to providing high-quality services. The guidelines will help school nurses examine their practices in documentation and update or adapt new procedures that are in keeping with current standards of practice and provide school nurses with an overview of current legal issues. (Revised 1998)

' Non Member price \$20.00/Member price \$15.00

G uidelines for: Educators, School Nurses, & Parents

Advocacy Training for the New Millennium (S004)

As members of a nursing specialty practice, school nurses cannot afford to separate themselves from the political process. They must become actively involved. This Advocacy Tool Kit is designed to do just that. It contains a video, a floppy disk with URLs of important advocacy resources, and the NASN book, *Building a Power Base: Political Action for the School Health Nurse*. (2000)

' Non Member price \$30.00/Member price \$20.00

Managing Asthma Triggers Training Manual (S005)

The purpose of these modules is to increase awareness of potential asthma triggers and irritants in the school environment. The modules are designed for presentation by the school nurse in 15 to 30 minute segments. Ideally, such segments would be compatible with staff meetings, parent presentations, or as enhancement to classroom curricula. The modules are prepared with a "lay" audience in mind and medical terminology has purposely been kept to a minimum. Many of the modules are build upon topics identified in the Environmental Protection Agency's Indoor Air Quality Tools for Schools Action Kit (EPA, 1995). Funded through a grant from the U.S. Environmental Protection Agency. (2000)

' Non Member price \$30.00/Member price \$20.00

NASN Notepad (S008)

A 5 1/2" x 8 1/2" notepad with the logo: "We Care for America's Children."

' Non Member price \$3.00/Member price \$1.50

Guidelines for Protecting Confidential Student Health Information (S009)

These guidelines were developed by a national task force to assist school health professionals and educators in developing policies and procedures surrounding confidentiality of student health information. The publication has been published by the American School Health Association (ASHA) and is made available through ASHA and NASN.

' Non Member price \$18.95/Member price \$12.95

Occupational Exposure to Blood-Borne Pathogens (S010)

This manual's purpose is to offer guidelines for schools and school districts to use when implementing the federal rule about protecting employees from exposure to infectious agents. The guide is written primarily for the licensed health care professionals who are most often charged with all or some of the related tasks, e.g. school nurses. In the educational setting the school nurse is responsible for providing in-service education, helping to design policies and procedures, using standard precautions, administering immunizations, documenting infectious disease exposure incidents, and referring employees for appropriate health care after such exposure. 1999 Non Member price \$20.00/Member price \$15.00

Serving Students with Special Health Care Needs

Vision Screening Guidelines For School Nurses (S011)

The guidelines provide a "how-to" and resource guide for school nurses who are planning and implementing a vision screening program in the school health setting. 1992

' Non Member price \$11.00/Member price \$7.00

The Ear & Hearing: A Guide for School Nurses (S012)

This document was prepared to provide background information on the mechanics of how we hear; a review of the anatomy and physiology of the ear; some key points to consider when assessing the ear; screening techniques for a sweep check hearing screen and a gross hearing assessment; and tips on troubleshooting hearing aid problems. 1998

' Non Member price \$15.00/Member price \$10.00

Postural Screening Guidelines for School Nurses (S013)

Postural screening is a process of assessment and evaluation to identify and refer students with spinal deviations at an early stage of development. These guidelines assist the school nurse in planning, implementing and evaluating postural screening programs. 1995

' Non Member price \$11.00/Member price \$7.00

Building A Power Base - Political Action for the School Health Nurse (S014)

This document is designed to empower school nurses to become more politically active in the health care initiatives movement in the legislative process. The document identifies skills that have been used successfully by other school nurses. 1997

' Non Member price \$12.00/Member \$8.00

Overview of School Health Services (S015)

The purpose of this document is to give the reader information from selected published resources relating to the activities of school nurses and school nursing practice. It is useful to a new school nurse as an information guide, and to the experienced school nurse as a way of finding additional information on basic and emerging concepts of health education, school nursing, and professional nursing practice. The information in this book is paraphrased or quoted from current professional nursing journals and books in the resources and reference lists. The book follows the Content Outline written by the National Board for Certification of School Nurses, Inc. (NBCSN) in their initial development year. 1997 Third Edition

' Non Member price \$35.00/Member price \$25.00

Excellence In School Health Brochure (S019)

A tri-fold brochure on the role of the school nurse. 1993

' Non Member price 10/\$2.00/Member price 10/\$1.00

G uidelines for: Educators, School Nurses, & Parents

Promoting School Nursing Brochure (S020)

A tri-fold public relations tool for the school nurse. 1990

' Non Member price 10/\$2.00/Member price 10/\$1.00

Code of Ethics with Interpretive Statements for the School Nurse Brochure (S021)

A tri-fold brochure acknowledging the diversity of the laws and conditions under which school nurses practice. Revised 1999

' Non Member price 10/\$2.00/Member price 10/\$1.00

We Care For America's Children Brochure (S022)

A tri-fold brochure describing the role of the school nurse. 1993

' Non Member price 10/\$3.00/Member price 10/\$2.00

NASN Pin (S025)

The official pin for members of NASN that incorporates the NEW NASN logo.

' Member price \$30.00

Certified School Nurse Pin (S026)

The official pin for the National Certified School Nurse; embossed with the NCSN logo. White on blue.

' Member price \$22.50

Job Performance Evaluation: A Guide for School Nurses (S027)

This document is designed to be a vehicle for use in evaluation of school nursing practice by the nurse, peers and supervisory personnel. The evaluation standards and performance indicators presented here are based on School Nursing Practice: Roles and Standards (1993).

' Non Member price \$11.00/Member price \$7.00

NASN's Nursing Diagnosis: Application in the School Setting (96) and NANDA's Nursing Diagnoses: Definition and Classification (1999 - 2000) (S028)

NASN's manual describes the concept of "nursing diagnosis". It frames for the clinician the NANDA classification system, the benefits from utilizing nursing diagnosis, and how to identify and write nursing diagnoses in the school setting. NANDA's publication is included as part of this set.

' Non Member price \$28.00/Member price \$18.00

The School Nurse's Role in Delegation of Care: Guidelines and Compendium (S029)

NASN developed this manual to provide answers to school nurses' questions regarding

Serving Students with Special Health Care Needs

professional practice standards for Delegation of Care to Unlicensed Assistive Personnel in the school setting. The manual provides guidelines for delegation as well as a compendium of current articles, position statements and other documents related to the subject. 1996

' Non Member price \$20.00/Member price \$15.00

Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines (S030)

A 600 page plus comprehensive manual which provides a reference for the school nurse to assist in the delivery of efficient and quality nursing services. It includes school nursing philosophy, guidelines to complete the nursing process in the school setting for 47 chronic and acute health issues, 14 protocols for professional issues such as confidentiality individualized education plans, definitions inclusive of special education terms, nursing interventions from the Nursing Intervention Classification System, physical assessment criteria, 34 templates for health management plans, and 76 procedures such as suctioning, responding to autonomic dysreflexia, and blood glucose testing. 1996

' Non Member price \$100.00/Member price \$80.00

Nursing Assessment of School Age Youth: Using the Nursing Process (Video & Manual) Module Number 1 of NASAY (S031A)

Nursing Assessment of School Age Youth (NASAY) is a series of self-study continuing education offerings for nurses designed to augment assessment skills of nurses who provide care for school age children and youth in community settings. The curriculum was designed for school nurses but, the principles and skills can be used by public health nurses, home health care nurses and professional nurses who practice in a variety of community settings. Each module in the series includes a manual and test for self-assessment of learning and information for obtaining continuing education credit for registered nurse licensure. Most contain a videotape. The first module, Nursing Assessment of School Age Youth: Using the Nursing Process is a project of the National Association of School Nurses (NASN) that is funded by a grant from The Robert Wood Johnson Foundation (RWJ). Production of accompanying videotapes is a contribution of the National Education Association (NEA). 1997

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: Respiratory Function (Video & Manual) Module Number 2 of NASAY (S031B)

The purpose of this module is to provide the school nurse with baseline knowledge and skills for performing a respiratory assessment on a child from birth to 21 years, the age group seen in schools. Study of the structure and function of the respiratory system will provide foundation knowledge for assessment and intervention. The five assessment techniques of inspection, palpation, percussion, auscultation, and olfaction will be presented. A case analysis

G uidelines for: Educators, School Nurses, & Parents

demonstrating application of assessment skills to a child experiencing a respiratory problem will be shown on the accompanying videotape. 1998

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: Psychosocial Screening (Video & Manual) Module Number 3 of NASAY (S031C)

The purpose of this module is to enhance the skills of the school nurse in assessing psychosocial and mental health barriers to learning. Increasingly, school nurses find it necessary to do assessments and interventions that were not part of their original professional preparation; this is especially so in the arena of social functioning and mental health. 1998

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: Cardiovascular Health (Video & Manual) Module Number 4 of NASAY (S031D)

The primary focus of this module is assessment of cardiovascular health of school age youth in non-clinical settings such as schools. In addition, this educational unit includes guidelines for (1) providing individualized care during the school day for students with cardiovascular health problems and (2) conducting prevention programs to decrease future cardiovascular disease.

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: Musculo-Skeletal (Video & Manual) Module Number 5 of NASAY (S031E)

The purpose of this module is to enhance nursing skills needed to perform a nursing assessment of musculo-skeletal systems of school age children and adolescents. In addition to providing information needed to obtain a history and conduct a thorough physical assessment, an example of an Individualized Health Plan (IHP) for a client with juvenile arthritis written by Susan Will, RN, BS, MPH, is included, with permission from Sunrise River Press, North Branch, MN 55056, and was reprinted from The School Nurse's Source Book of Individualized Healthcare Plans, Volume I, Marykay B. Haas, Editor, 1993. North Branch, MN: Sunrise River Press.

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: Dermatologic (Video & Manual) Module Number 6 of NASAY (S031F)

The purpose of this module is to enhance nursing skills needed to perform a comprehensive dermatologic assessment of school-age children and adolescents. In addition to providing a thorough review of the structure and function of the skin, the nursing skills addressed include: obtaining and documenting a nursing history; conducting and documenting a physical assessment of the skin; and developing an individualized plan of care.

Serving Students with Special Health Care Needs

' Non Member price \$35.00/Member price \$25.00

Nursing Assessment of School Age Youth: School/Community Collaboration (Manual Only) Module Number 7 of NASAY (S031G)

The purpose of this module is to enhance the skills of school nurses that are required for successfully participating in collaborative efforts to improve the health of children and their families that involve the schools and the larger community.

' Non Member price \$20.00/Member price \$15.00

Nursing Assessment of School Age Youth: Nutritional Status (Manual Only) Module Number 8 of NASAY (S031H)

The purpose of this module is to enhance the skills of school nurses when assessing the nutritional status of school age youth. This unit does not address the nutrition of infants, but rather, is focused on the children and adolescents in the age groups most likely to be students in preschools, Kindergarten, elementary and secondary schools. It also does not address, in a comprehensive manner, the nutrition of children and adolescents with special physical needs.

' Non Member price \$20.00/Member price \$15.00

Nursing Practice Management: Compendium of Individualized Healthcare Plans (S032)

Effective management includes designing and implementing programs to meet individual needs. Since 1992, "The Nursing Practice Management Section" of The Journal of School Nursing has published Individualized Healthcare Plans with case studies to assist the school nurse in designing an appropriate plan of care for students in the school setting. The Nursing Practice Management: Compendium of Individualized Healthcare Plans is a culmination of individualized healthcare plans that have been published in The Journal of School Nursing.

' Non Member price \$15.00/Member price \$10.00

The Child with a Learning Disorder or ADHD: A Manual for School Nurses (S033)

This manual is intended to provide to school nurses basic information about LD and/or ADHD that they need in caring for such children. 1997

' Non Member price \$25.00/Member price \$20.00

School Nurses Supporting Student Success Brochure (S034)

A tri-fold brochure provided as a service by NASN. 1997 Bulk Orders Available.

' Non Member price 10/\$2.00/Member price 10/\$1.00

Delegation of Nursing Care in the School Setting: A Guide for Administrators Brochure (S035)

A tri-fold brochure provided as a service by NASN. 1997 Bulk Orders Available.

G uidelines for: Educators, School Nurses, & Parents

' Non Member price 10/\$2.00/Member price 10/\$1.00

Preparing a Response to Emergency Problems (S036)

Preparing a Response to Emergency Problems (PREP) is a self-study continuing education offering designed to enhance the assessment skills of school nurses to decrease potential school site injuries and to prepare the school nurse for school emergencies. The course is designed specifically for school nurses. This module is the introductory unit which provides the framework for subsequent classroom-style presentations for a variety of school emergencies, specifically the day course Managing School Emergencies. This module contains information for obtaining continuing education credit for registered nurse licensure. 1998

' Non Member price \$20.00/Member price \$15.00

Rap Tape: "My Stomach Hurts" (S037)

Perfect for use on School Nurse Day! The rap song, dedicated to all school nurses, composed and recorded by Mike Haney for Doris Luckenbill's inauguration as NASN President, is now available for purchase from NASN. All proceeds from the sale of this tape will benefit NASN. Please share this information with others in your state. Copyright by Mike Haney, 1997. This tape may not be reproduced without permission from the composer.

' Non Member price \$10.00/Member price \$10.00

Serving Students with Special Health Care Needs

APPENDIX A



UNIVERSAL PRECAUTIONS

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

This section details procedures to be employed for exposure to *all* body fluids, the use of which will significantly reduce the risk of the spread of many diseases. Fluids that should be handled by these measures include blood and blood products, including saliva, sputum, feces, nasal secretions, tears, urine and vomitus.

Universal precautions do not apply to body products such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the material. However, these other fluids and body wastes can be sources of other infections and should be handled as if they are infectious. More conservative measures designed to comply with OSHA standards for bloodborne pathogen exposure control pertain primarily to blood, any body fluids containing visible blood, vaginal secretions, semen, cerebrospinal fluid, synovial fluid and pericardial fluid.

There is no evidence that students with disabilities have more infections and contagious diseases than other students without disabilities. However, every precaution should be taken to prevent the spread of infections.

In response to the increase in Hepatitis B and human immunodeficiency virus (HIV) infections, the Centers for Disease Control have recommended "universal blood and body-fluid precautions." These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. Since it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of their medical diagnosis.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the caregiver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the caregiver and the student.

Serving Students with Special Health Care Needs

Hand Washing

Hand washing is the single most important practice in the fight against transmission of infectious organisms. Hand washing should be encouraged often and especially after using the toilet, before eating, after changing a diaper, after helping with the potty seat, and before and after any other high-risk situations when the hands may have come in contact with body fluids. Adequate facilities — such as warm and cold water, sinks, soap, paper towels, and appropriate waste disposal must be furnished.

Hand Washing Procedures

- " Ensure that each hand sink is supplied with dispensable soap and disposable paper towels. Germicidal towelettes or a waterless alcohol-based hand wash should be provided where water is not available.
- " Wet hands thoroughly under warm water; use cold water only if warm water is unavailable.
- " Dispense soap into wet hands. Bar soap should be used when dispensed soap is unavailable.
- " Vigorously rub hands together for one minute, paying particular attention to nails, cuticles, spaces between fingers, and under jewelry. Wash hands above the wrist.
- " Thoroughly rinse hands.
- " Shake hands to remove excess water.
- " Dry hands using a disposable towel. Avoid the use of non-disposable towels.
- " After drying hands, use the towel to turn off the water.
- " Dispose of paper towel in a waste receptacle.

Barriers

Barriers include disposable gloves, protective eye wear, masks, and gowns. The use of a barrier is intended to reduce the risk of contact with body fluids with visible blood for the caregiver as well as to control the spread of infectious agents from student to student. It is

G uidelines for: Educators, School Nurses, & Parents

essential that appropriate barriers be used when contact with potentially infectious material is possible.

Disposable Gloves

In any situation when hands come in direct contact with body fluids or body wastes, the use of disposable gloves is essential. Latex or vinyl medical exam gloves should be supplied by the school. Latex gloves are more widely used, but vinyl gloves may be necessary to accommodate latex-sensitive students or staff. Food handlers' plastic gloves can be used for diaper-changing and/or when blood is not present.

Disposable Gloves Procedures

- " Maintain a supply of latex and vinyl disposable gloves of various sizes in readily accessible locations.
- " Slip each hand into a clean glove, pulling it snugly over the fingers to ensure a good fit. Pull glove over the wrist as far as it will go to maximize coverage.
- " Do not reuse gloves. Use a different set of gloves for each student.
- " Remove first glove by turning the glove inside out as it is pulled over the hand, grasp the glove in remaining gloved hand. During removal of the second glove, avoid touching the outer surface by slipping the fingers of the ungloved hand under the glove and pulling it inside out as it is pulled over the hand, effectively sealing the first glove inside.
- " Dispose of the used gloves in a lined waste container.
- " Wash hands thoroughly, following hand washing procedures (see previous page).

Other Barriers

- " Gowns or aprons may be worn to protect the caregiver's clothing if splattering of body fluids is possible. The apron or gown should be laundered before re-using or disposed of after each care session.
- " Protective eye wear and masks should be worn if splashing of body fluids is likely to occur (such as mouth suctioning or a coughing student).

Serving Students with Special Health Care Needs

- " Chux or other waterproof barriers should be used to cover any work surfaces if drainage or splashing with blood or body fluids is possible. The barrier should be disposed of after each care session and should not be reused.
- " For the performance of mouth-to-mouth resuscitation, a disposable mask with a one-way valve may be used. If this is unavailable, gauze or some other porous material can be placed over the mouth and mouth-to-mouth resuscitation given.

Clean up Procedures

Surfaces (floors, walls, counter tops)

- " Wear disposable gloves.
- " Sprinkle disinfecting absorbent over the spillage and wipe surrounding surfaces with a paper towel. If absorbent powder is not available, spread paper toweling over spill and allow it to soak up the fluid.
- " Dispose of the material in a lined plastic waste container. Do not reuse waste liners.
- " Spray the affected area with a spray cleaner/disinfectant. A 10 percent bleach solution is an acceptable substitute.
- " Wipe the disinfectant from the affected surface after allowing for adequate contact time.
- " Dispose of paper towels and gloves in a plastic lined waste container.
- " Draw the plastic liner out of the waste container. Tie and immediately dispose of the bag, following normal procedures. Make sure disposable goods are properly labeled with a "Hazardous Materials" label.
- " Wash hands thoroughly, following hand washing procedures.

G uidelines for: Educators, School Nurses, & Parents

Objects

- " Put on disposable gloves. If gloves are not available, use disposable towels as a barrier when handling the object.
- " Discard contaminated items that cannot be cleaned.
- " Wash objects using clean, warm water and a general-purpose cleaning agent. Use only mops, sponges, or cloths not used on floors, walls, or plumbing fixtures.
- " Rinse the object thoroughly in clean water.
- " Adequate trash bags should be provided by the school.
- " Disinfect or sanitize the object by spraying, swabbing, or immersion in a germicidal solution. A 10 percent bleach solution or commercially available disinfectant is adequate.
- " Objects that might be placed in a person's mouth should be rinsed in clear water after they have been disinfected.

Sharps

- " Needles, syringes, and other sharp objects should be placed in a metal or other puncture-proof container immediately after use.
- " To reduce the risk of an accidental needle stick or cut, needles should not be recapped, bent, or removed from the syringe before disposal.
- " Containers should be sealed, double bagged and disposed.

Persons

- " Wear disposable gloves.
- " Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose, and eyes with running water, if possible. Germicidal towelettes or waterless, alcohol-based wash should be used when running water is not available.

Serving Students with Special Health Care Needs

- " Place soiled towels or towelettes in a plastic lined waste container. Urge the person to perform as much of this procedure as possible.
- " If practical, remove soiled clothing and place in a plastic bag for laundering later.
- " Assist in cleansing the affected body area.
- " Put on clean clothing and/or notify a lawful custodian to supply clean clothes.
- " Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- " Follow procedures for the cleaning of surfaces and objects.
- " Remove and dispose of gloves in a plastic lined waste container.
- " Pull the liner from the waste container. Tie it and immediately dispose of the bag, following disposal procedures as outlined in the local district policies and procedures on bloodborne pathogens.
- " Wash hands thoroughly, following hand washing procedures.
- " When helping with a runny nose, coughing, and/or drooling, provide facial tissues and dispose of them in a plastic-lined trash can.
- " Wash hands after the procedure is completed.

Laundry

- " Whenever possible, disposable barriers should be used if contamination with body fluids or blood is possible.
- " If sheets, towels, or clothing do become soiled, they should be handled as little as possible.
- " Wash with hot water (at least 125°F) and detergent for at least 25 minutes.
- " Cool water washing is also acceptable if an appropriate detergent is used for the water temperature.

G uidelines for: Educators, School Nurses, & Parents

Diapering

- " Assemble the supplies beforehand. Use disposable diapers.
- " Wash hands, following hand washing procedures.
- " Put on disposable gloves.
- " Place the person on a designated washable changing table or mat, located near the hand sink and used for no other purpose. The use of a disposable paper liner is optional.
- " Do not leave the person unattended on changing table.
- " Remove the soiled diaper, carefully folding inward and wrapping the diaper in its own plastic liner.
- " Put the soiled diaper in a small plastic bag and place it in a lined waste container. Cover.
- " Cleanse the person's skin with a disposable wipe and an appropriate cleaning solution or a moist towelette. Move from front to back to prevent urinary-tract infections, paying particular attention to skin creases.
- " Bulk salves, creams, or ointments must be administered from the jar using a disposable spatula. Do not use your bare fingers to apply the materials. Squeezing tubes or bottles is preferred.
- " Redress the person.
- " Dispose of the spatulas in an appropriate waste container.
- " Remove the gloves, following disposable gloves procedures.
- " Wash the person's hands with soap and water or wipe with a germicidal towelette if running water is not available.
- " Disinfect the change table/mat surface and wipe it dry with a paper towel.
- " As frequently as possible, draw the plastic liner out of the waste container, tie, and immediately dispose of it, following school district disposal procedures.

Serving Students with Special Health Care Needs

- " Wash your hands thoroughly, following hand washing procedures.
- " Report abnormal skin, rash, or stool conditions (unusual fecal consistency, color, odor or frequency) to the lawful custodian and nurse.

Toilet/Potty Chair

- " In the event of a fecal or urine accident, refer to procedures for dealing with contaminated persons and clothing surfaces and objects.
- " Assist with the removal of the clothing if necessary.
- " Put on disposable gloves if assistance in wiping the person is necessary or if you will come into contact with body fluids.
- " Using toilet tissue, a disposable wipe and an appropriate cleaning solution, or a moist, germicidal towelette, wipe the person moving from front to back to prevent a urinary-tract infection.
- " Assist with redressing if necessary.
- " Remove your gloves following disposable gloves procedures.
- " Ensure that the person washes his/her hands properly.
- " Wash your own hands thoroughly, using hand washing procedures.

When using the potty chair, follow this procedure after the person is dressed but before removing your gloves:

- " Empty the contents of the pot into the toilet.
- " Rinse the pot with water. Dispose of the rinse water into the toilet. If rinse water is obtained from handsink, be sure not to splash the sink or faucet.
- " Clean the pot with a germicidal solution. Wipe it with a paper towel. Dispose of the paper towel in a plastic lined waste container.
- " Remove your disposable gloves.

G uidelines for: Educators, School Nurses, & Parents

- " Disinfect the hand sink.
- " Wash your hands thoroughly, following hand washing procedures.
- " Repeat these procedures for each person.
- " Toilet seats should be cleaned with a germicidal solution at least once each day.

Accidental Exposure

Accidental exposure to blood, body products, or body fluids places the exposed individual at risk of infection. This risk varies depending on the type of body fluid (blood vs. respiratory vs. feces), the type of infection (salmonella vs. HIV), and the integrity of the skin that is contaminated.

- " Always wash the contaminated area immediately with soap and water.
- " If mucous membrane splash (eye or mouth) or contamination of broken skin occurs, irrigate or wash the areas thoroughly.
- " If a cut or needle stick injury occurs, wash the area thoroughly with soap and water. In those instances where broken skin, mucous membrane, or needle stick exposures occur, the caregiver should document the incident. The student's lawful custodian should also be notified. The person who had the exposure should follow the school district's policy and procedures on post-exposure episodes.

Pregnant Women

Pregnant women are at no higher risk of infection than other care providers, as long as appropriate precautions are observed. However, due to the possibility of in-utero transmission of viral infections such as cytomegalovirus (CMV) or HIV, as well as the potential for adverse outcomes with these congenitally acquired infections, pregnant women should be especially careful to observe universal precautions.

Serving Students with Special Health Care Needs



APPENDIX B



CONFIDENTIALITY

Serving Students with Special Health Care Needs

Guidelines for: Educators, School Nurses, & Parents

4444444444 *Confidentiality* 4444444444

STUDENT RECORDS

The basic mandates for student records are:

1. Family Educational Rights and Privacy Act (FERPA) of 1974 and its implementing regulations.
2. The Individuals with Disabilities Education Act (IDEA).
3. Health Information Portability and Accountability Act (HIPAA).
4. Kansas laws and administrative rules pertaining to special education. (See Kansas Special Education Rules and Regulations.)
5. Federal regulations regarding re-disclosure of medical records (42 CFR, Part 2).
6. School board policies and procedures.

Requirements

Each school district and educational agency maintaining student records must:

1. Formulate and adopt institutional policy and procedures concerning student records (FERPA, Reg. 99.5), and not disclose personally identifiable student information except as authorized by law.
2. Annually notify lawful custodians and students in attendance or eligible students (attained 18 years of age and in attendance) of their rights pertaining to student records (FERPA, Reg. 99.6).
3. Maintain separate special education records.
4. Maintain a record of each request and each disclosure of personally identifiable information from the education records of a student (FERPA, Reg. 99.32).

Serving Students with Special Health Care Needs

5. Provide public notice that directory information will be disclosed (FERPA, Reg. 99.37).
6. Permit the lawful custodian of a student or an eligible student to inspect and review the education records of the student. The school must comply with the request within a reasonable time, but in no case more than 45 days after the request has been made (FERPA, Reg. 99.11).
7. Amend the educational records of a student upon request by lawful custodian or eligible student or provide the lawful custodian or eligible student a hearing. This does not apply to medical records (FERPA, Reg. 99.20).
8. Establish procedures for conducting a hearing as required when lawful custodian or eligible student appeals the denial to amend a student's educational records (FERPA, Reg. 99.22).
9. Also, lawful custodians must be informed of their right to place in the record a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.

Clarifications

Transfer of Education Records

Written consent is not required to send records when the transferring school has a notice in its policies that it forwards education records on request to a school in which a student seeks or intends to enroll (FERPA, Reg. 99.31).

Rights of Noncustodial Parents

In the case of divorce or separation, a school district must provide access to education records to both custodial and noncustodial parents, unless there is a legal binding document that specifically removes that parent from FERPA rights (statement from FERPA office).

Sole Possession Records

To classify any record maintained by a staff member and directly related to a student as a sole possession record (exempt from lawful custodian or student access, challenge and

G uidelines for: Educators, School Nurses, & Parents

control), an education agency or institution must make certain the record meets the following test:

1. It must be a private note created solely by the individual possessing it.
2. It must be a personal memory aid.
3. The information contained in the note must not be accessible or revealed to any other person (including the student), except to the possessor's temporary substitute (statement from FERPA office).

Confidentiality Requirements of the Individuals with Disabilities Education Act (IDEA)

1. Under the IDEA regulations, the term "children" includes children ages zero through 21, including those who have not yet become students; i.e., preschool or unserved. FERPA refers to "students" or "eligible students."
2. IDEA regulations apply to all agencies involved in the state's identification, location, evaluation, and education efforts. FERPA is applicable only to those students' attendance at education agencies and institutions receiving funds from programs administered by departments of education.
3. Specific notification to lawful custodians that data will be collected on their children is required under IDEA, and the lawful custodians' rights to access is more extensive.
4. The IDEA regulations concerning the lawful custodians consent before release of personally identifiable information modify the FERPA requirements.
5. Specific safeguards to protect the confidentiality of personally identifiable information at all stages (storage, disclosure, and destruction) are required by IDEA, which also specifies procedures relating to the destruction of information after the need for such material has expired.
6. The severity of disability, in addition to the student's age, must be considered under IDEA regulations in connection with the transfer of privacy rights from a lawful custodian to an 18-year-old student.

Serving Students with Special Health Care Needs

7. The state education agency is required under IDEA regulations to have specific sanctions it can use to ensure implementation of the confidentiality requirements.

Students Under Age 18 – Right of Access

Each school district should adopt a policy for access of student records by students under 18. Federal regulations do not preclude school districts from according students' rights in addition to those accorded to lawful custodians of students (FERPA, Reg. 99.4[a]).

Withholding Transfer of Records

Transfer of records cannot be held up for nonpayment of education fees; i.e., fee charges for lab, library books, shops, etc.

Applicability of Private Schools

Private schools are subject to FERPA regulations if they receive funds under any federal program. FERPA is not applicable solely because students attending the school receive services under a federal program through another institution (FERPA, Reg. 99.1).

Computerized Data Base

Information stored in computers is subject to the provisions of FERPA and to state laws and rules pertaining to confidentiality.

Access Rights

The lawful custodians of a student or eligible student who is or has been in attendance may inspect and review the student's educational records (FERPA, Reg. 99.11 and 99.3). Persons who may have access to personally identifiable information without prior consent are listed in FERPA, Reg. 99.31. Among those listed are:

1. State education authorities.
2. Persons connected with financial aid which the student has applied for or has received.

Guidelines for: Educators, School Nurses, & Parents ---

3. Organizations conducting studies for or on behalf of education agencies or institutions for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction.
4. Staff members who have a “need to know” to protect the health and safety of the student and others at school. This issue should be covered in staff training to protect the student’s confidentiality rights.

Exempt from Record of Access (Log)

The following persons are not required to have their request for access to personally identifiable information recorded: lawful custodian of a student or eligible student, school officials (including teachers) who have been determined by the agency or institution to have legitimate education interests, persons having written consent of a lawful custodian, and persons acquiring directory information (FERPA, Reg. 99.32).

Conditions for Disclosure in Health and Safety Emergencies

Personally identifiable information from a student’s education records may be disclosed to appropriate parties in connection with an emergency, if knowledge of the information is necessary to protect the health or safety of the student or other individuals (FERPA, Reg. 99.36).

Fees for Copies of Education Records

A fee may be charged for copies if that fee does not prevent the lawful custodians and eligible students from exercising their rights to inspect and review the records (FERPA, Reg. 99.8). A copy of the IEP/IFSP, however, must be provided at no cost to lawful custodians.

Disclosure to Federal and State Officials

Authorized federal and state officials may have access to student and other records related to the audit and evaluation of federally supported education programs or to the enforcement of or compliance with federal requirements of these programs (FERPA, Reg. 99.35).

Serving Students with Special Health Care Needs

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 SUMMARY OF ADMINISTRATIVE SIMPLIFICATION PROVISIONS

Standards for electronic health information transactions.

Within 18 months of enactment, the Secretary of HHS is required to adopt standards from among those already approved by private standards developing organizations for certain electronic health transactions, including claims, enrollment, eligibility, payment, and coordination of benefits. These standards also must address the security of electronic health information systems.

Mandate on providers and health plans, and timetable.

Providers and health plans are required to use the standards for the specified electronic transactions 24 months after they are adopted. Plans and providers may comply directly, or may use a health care clearinghouse. Certain health plans, in particular workers compensation, are not covered.

Privacy.

The Secretary is required to recommend privacy standards for health information to Congress 12 months after enactment. If Congress does not enact privacy legislation within 3 years of enactment, the Secretary shall promulgate privacy regulations for individually identifiable electronic health information.

Pre-emption of State Law.

The bill supersedes state laws, except where the Secretary determines that the State law is necessary to prevent fraud and abuse, to ensure appropriate state regulation of insurance or health plans, addresses controlled substances, or for other purposes. If the Secretary promulgates privacy regulations, those regulations do not pre-empt state laws that impose more stringent requirements. These provisions do not limit a State's ability to require health plan reporting or audits.

Penalties.

The bill imposes civil money penalties and prison for certain violations.

APPENDIX C

SAMPLE DO NOT RESUSCITATE (DNR) POLICY

Serving Students with Special Health Care Needs

***444 Policy on Life-Sustaining Emergency Care 444
(DNR Requests)***

SAMPLE POLICY

The decision about resuscitation is a medical, not an educational, decision. Therefore, U.S.D. _____, treats all life threatening emergencies in the same manner. During the brief period between calling 911 (emergency services personnel) and the time the emergency services personnel arrive, the district will provide **first response** care.

The school district will not accept DNR requests under any circumstances. Lawful custodians may provide a DNR request to local emergency services personnel and local medical facilities.

Serving Students with Special Health Care Needs

APPENDIX D

**SUGGESTED
HEALTH CARE
FORMS**

Serving Students with Special Health Care Needs

X. SAMPLE HEALTH CARE FORMS

It is recognized that each student's health care needs are unique. Therefore, it is important to determine, as part of the health care planning process, the extent of information and documentation required.

The following is a list of sample forms to assist in the development of a student's Individualized Health Care Plan and/or Emergency Plan. Each form is included in this appendix.

Referral for Special Health Care Needs — This form is completed by the individual making the referral. Completed form should be given to the health care coordinator.

Physician Order/Authorization for Special Health Care Services to be Performed at School — This form gives detailed information regarding the procedure and/or administration of medications to be provided at school. It also provides verification from the physician that the procedure must be performed during school, and includes the parent request for the procedure to be performed at school and includes the parent sign off.

Individualized Health Care Plan — This form provides a detailed summary of the student's health condition, the health care procedures to be provided, personnel responsible, identifying information, and important contacts.

Anticipated Health Crisis Plan — This form details the procedures to be followed and the personnel to be involved if or when an emergency occurs. The plan should always be attached to the Individualized Health Care Plan. A copy of this form should also be provided to all appropriate personnel.

Individualized Health Care Plan Checklist — This form is a checklist to identify what health care activities and documentation has been completed for the student.

Transportation Plan — This form details adaptations required for transporting the student, procedures to follow, and information necessary in case of an emergency.

Personnel Training Plan — This form identifies personnel to be trained, the training to be provided, the instructor, and when training should be reviewed.

G uidelines for: Educators, School Nurses, & Parents

Transition Plan — This form outlines future outcomes, current situation, and student needs for transitions from various levels and from the school to the community.

Medication in the School Setting — This form outlines the guidelines necessary for medication administration to safely be performed at school.

Daily Log: Medication/Treatment Procedure Record — This is the form for logging the date and time when treatment or medication was provided to the student. This form requires the signature of the provider.

Serving Students with Special Health Care Needs

Referral for Special Health Care Needs			
Student		Initials	School
Birthdate	Age	Grade	Teacher
Person Completing Form			Date
DOES THE STUDENT	YES	NO	COMMENTS
1. Have a medical diagnosis of a chronic health problem (such as: diabetes, tuberculosis, seizures, cystic fibrosis, asthma, muscular dystrophy, liver disease, digestive disorders, respiratory disorder, hemophilia, psychiatric disorder, etc.) Condition _____			
2. Receive medical treatments during or outside the school day (such as: oxygen, gastrostomy care, special diet, tracheostomy care, suctioning, injections, etc.)? Condition _____			
3. Receive ongoing medication for conditions (such as: seizure, heart, allergy, asthma, cancer, depression, ADHD, etc.)? Medications _____			
4. Experience frequent absences due to illness?			
5. Experience frequent hospitalizations?			
6. Require scheduling adjustments due to health condition (such as: rest following a seizure, limitation in physical activity, periodic break for endurance, etc.)?			
7. Require adjustments to classroom or school facilities (such as: temperature control, refrigeration/medication storage, availability of running water, modification for accessibility, etc.)?			
8. Have other Special Health Care Needs (such as: special precautions in lifting, special transportation, emergency play, special equipment, special techniques for positioning, feeding, etc.)?			
REVIEWED BY HEALTH CARE COORDINATOR/PROVIDER			
Date Received	Signature		Title

G uidelines for: Educators, School Nurses, & Parents

Physician Order/Authorization for Special Health Care Services to be Performed at School			
Student	Birth Date		Parent(s)
I. Describe Condition for Which Procedure is Required			
II. Describe Procedure(s) to be Performed			
III. Time Schedule for Procedure			
Procedure should be continued until (date) _____			
IV. Describe Special Equipment Required (If Any)			
V. Special Dietary Requirements			
Type of fee	Special Diet	Allergies	Special Equipment
VI. Medications			
Medication(s) -Liquid -Tab -Cap -Injection	Prescribed _____ -Suppository -Topical -IV -Other	Dose, Time, Frequency	

Serving Students with Special Health Care Needs

TO WHOM IT MAY CONCERN:

I hereby give my permission for the following physician _____ and/or other agencies
 _____ for exchange of confidential health information contained in the record(s) of my child
 _____ date of birth _____ to _____.

 Signature of Parent or Guardian

VII. Parent Authorization Request for Special Health Care Procedures

I, _____ request the above health care procedures and/or medication treatment administered to my child at school. I understand that qualified designated person(s) will be performing these health care services and I will notify the school immediately if my child's health status changes or there is a change or cancellation of the procedure/medication(s).

I understand that I am responsible for providing and bringing all medical equipment, supplies, medications (in labeled prescription bottle/container), and dietary supplements.

Parent/Guardian Signature

Date

VIII. Physician Authorization

As the Physician for _____ (Student Name), I verify that the procedures and treatments as described are necessary to be performed during the school day. I have reviewed the above plan and suggest:

_____ No modifications.

_____ The following modifications:

Physician's Signature

Date

G uidelines for: Educators, School Nurses, & Parents

INDIVIDUALIZED HEALTH CARE PLAN

Health History and Physical Assessment Information

STUDENT _____ DATE OF BIRTH _____

PRESENT SCHOOL _____ GRADE _____

ADDRESS _____ PHONE _____

PRIMARY CARE PHYSICIAN _____

CURRENT PROBLEM/MEDICAL DIAGNOSIS _____

PERSON(2) FILLING OUT FORM _____ DATE _____

Mother Only []

Father Only []

Both []

Other [] (please specify) _____

FATHER'S NAME _____ MOTHER'S NAME _____

EMERGENCY INFORMATION

Legal Custodian Phone _____

Other _____

PARENT RELATIONSHIP TO CHILD: NATURAL []

ADOPTED []

LIVING WITH:

BOTH PARENTS []

FATHER ONLY []

MOTHER ONLY []

WHO ELSE LIVES WITH CHILD: _____

MAJOR LANGUAGE IN HOME _____

FAMILY PHYSICIAN _____ DATE OF LAST PHYSICAL _____

INSURANCE INFORMATION

PRIMARY INSURANCE # _____ SECONDARY INSURANCE # _____

HEALTH HISTORY:

PREGNANCY AND BIRTH

PRENATAL:

- When this child was born, how old was the mother? _____ father? _____
- Was this child born (1st, 2nd, 3rd, etc.) _____ of your children?
- How long was this pregnancy? _____ Was the baby born on time?
- What kind of problems (bleeding, cramping, etc.) or accidents happened during this pregnancy, if any? _____
- Did you take any medications while pregnant? _____
What and why? _____

What kinds of problems did you have with other pregnancies? _____

Serving Students with Special Health Care Needs

HEALTH HISTORY (CONTINUED)

PERINATAL:

- How long was your labor? _____
- Were there any difficulties during the delivery? _____ What kinds? _____

- Did you have a Caesarean Section or a regular vaginal delivery, or forceps delivery? _____
- How long did mother stay in hospital after birth? _____
- Did the baby come home with mother? _____ If not, please explain: _____
- Did baby need oxygen after birth? _____
- Did baby turn yellow enough to be treated? _____

DEVELOPMENTAL HISTORY

DEVELOPMENTAL LANDMARKS:

- At what age did your child:
Begin to crawl? _____ Finish toilet training (bowel)? _____
Begin to walk alone? _____ Finish toilet training (bladder)? _____
Begin to say words (not mama or dada)? _____
- Did you or anyone else have serious concerns that your child was unusually small or short for age?
Please explain: _____
- Has anyone else in your family been unusually small in size or short in stature? Please Explain: _____

CURRENT HEALTH HABITS AND OTHER BEHAVIOR

- Does your child feed him/herself? _____
- Does he/she have any problems eating certain foods? _____
- Good appetite or poor one? _____ Is he/she often hungry? _____
- Do you feel your child gets enough to eat? _____
- How much sleep does he/she get at night? _____ Naps? _____
- Does he/she dress him/herself well? _____ Does he/she pick out his/her own clothes? _____
What does he/she need help with? _____
- Does he/she ever wet the bed anymore? _____ How often? _____
When did he/she last wet the bed? _____
- Does he/she have any habits such as thumb sucking or nail biting? _____

- How much exercise does your child get? _____

G uidelines for: Educators, School Nurses, & Parents

HEALTH HISTORY (CONTINUED)

- Is there anything he/she is now particularly afraid of? _____
What is it? _____
- How much time do you think your child spends daydreaming? _____
- To your knowledge, what kind of experience has your child had with:
alcohol _____
drugs _____

PERSONALITY TRAITS

- Please indicate whether you think your child is generally:

<input type="checkbox"/> happy	or	<input type="checkbox"/> sad	other _____
<input type="checkbox"/> shy	or	<input type="checkbox"/> out-going	other _____
<input type="checkbox"/> generous	or	<input type="checkbox"/> jealous	other _____
<input type="checkbox"/> restless	or	<input type="checkbox"/> calm	other _____
<input type="checkbox"/> good-natured	or	<input type="checkbox"/> irritable	other _____
<input type="checkbox"/> kind to others	or	<input type="checkbox"/> unkind	other _____
- Does your child cry easily? _____ What makes him/her cry? _____

- What kind of temper does your child have? _____
What makes him/her lose his/her temper? _____
What does he do when angry? _____
- Does your child make friends easily? _____
Are his/her friends mostly his/her age, younger, or older? _____
- What does your child like to do for fun? _____

- Does he prefer to play indoors or outdoors? _____

SIGNIFICANT HEALTH PROBLEMS, ILLNESS, AND COMPLAINT

HEALTH PROBLEMS:

- Is your child under regular medical care for any condition? _____
What is the condition? _____
- Is he/she currently taking any medications? _____ What are they? _____
Does he/she have any side effects from them? _____ If so, what? _____
- Does your child have any chronic problems such as:
asthma? _____ allergies? _____ seizures (fits)? _____
diabetes? _____ other? _____

Serving Students with Special Health Care Needs

HEALTH HISTORY (CONTINUED)

- Is your child frequently ill with such things as:
colds? _____ how often? _____
ear infections? _____ how often? _____
other? _____ how often? _____
other? _____ how often? _____
- What physical or mental handicaps does your child have? _____

PAST PROBLEMS:

- What operations (surgery) has your child ever had, and when? _____

- What injuries has he had that were serious enough for a doctor's care (stitches, casts, etc.) and when? _____

- Has your child ever lost consciousness (knocked out), either from an injury or fainting? _____
Please explain: _____

FAMILY HEALTH HISTORY:

- Please list the names and ages of blood-relatives (immediate family) and what health problems each may have:

Name	Age	Relationship	Health Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- Has anyone else in the family (including parents) had any learning or other school problems? _____
Please explain: _____

CURRENT HEALTH CHECKLIST:

Please circle any of the following items that apply **now** to your child's health and explain details at the bottom:

ENT:

Double vision, tearing, blurring, eye discharge, crossed eyes, colds, sore throats, earaches, stuffy nose, hearing, smelling, taste, mouth breathing, snoring, sneezing, nosebleeds, dental problems.

G uidelines for: Educators, School Nurses, & Parents

HEALTH HISTORY (CONTINUED)

- CARDIO RESPIRATORY: Shortness of breath, wheezing, coughing, chest pain, swelling, turning blue with exercise, cold hands or feet.
- GASTRO INTESTINAL: Urinates too frequently, pain, blood in urine, vaginal discharge, abnormal menstrual history, abnormalities of penis and testes, bladder control.
- NEURO-MUSCULAR: Tingling, numbness, headaches, dizziness, seizures (fits), shaking, twitching, blackouts, problems with posture, deformities, gait, personality changes, unconsciousness, general speech.
- SKIN: Itching, irritation, perspiration, growths, rash, excessive dryness, unusual skin color, nail or hair problems.

SUMMARY OF HEALTH HISTORY:

Serving Students with Special Health Care Needs

NURSING EVALUATION

DATE _____

MEDICAL EVALUATION _____

NAME _____ BIRTH DATE _____ TEACHER/GRADE _____

A. PHYSICAL ASSESSMENT

GENERAL APPEARANCE:

Height _____ Percentile _____
Weight _____ Percentile _____

Vision Acuity: R _____ L _____

Hearing Acuity: R _____ L _____

KEY TO INTERPRETATION

0 = Essentially Normal

1 = Slight Pathology

2 = Moderate Pathology

3 = Severe Pathology

HEAD

HAIR

_____ Dry
_____ Brittle
_____ Course

SCALP

_____ Nits
_____ Flaky
_____ Dry
_____ Oily
_____ Dandruff
_____ Other

EYES

_____ Strabismus
_____ Exudate
_____ Redness
_____ Movement
_____ Pupillary Reaction

EARS

EXTERNAL

_____ Redness
_____ Swelling
_____ Tenderness
_____ Drainage

INTERNAL

_____ Wax Amount
_____ Color
_____ c/o Pain

MOUTH & THROAT

_____ Sores
_____ Redness
_____ Lymph Nodes
_____ Teeth
_____ Speech

SKIN

COLOR

_____ Cyanosis
_____ Ruddiness
_____ Pallor
_____ Jaundice

TEXTURE

_____ Rough
_____ Dry
_____ Oily
_____ Smooth

LESIONS

_____ Rash
_____ Acne
_____ Cuts
_____ Bruises
_____ Scars

CHEST, LUNGS, HEART

_____ TPR
_____ BP
_____ HR & Rhythm
_____ Pulses
_____ Breath Sounds

MUSCLE - SKELETAL

_____ Spine
_____ ROM
_____ Posture

NEUROLOGICAL

GROSS MOTOR SKILLS

_____ Balance on 1 foot
_____ Hops
_____ Skips
_____ Jumps
_____ Tandem walk
_____ Catches ball

FINE MOTOR SKILLS

_____ Finger to nose with eyes open
_____ Finger to nose with eyes closed
_____ Finger to thumb
_____ Heel to shin

SUMMARY OF PHYSICAL ASSESSMENT

G uidelines for: Educators, School Nurses, & Parents

B. NURSING CARE PLAN

NURSING PROBLEMS/DIAGNOSIS:

NURSING INTERVENTION AND RESPONSIBLE PERSONNEL:

NURSING EVALUATION OF INTERVENTIONS:

Serving Students with Special Health Care Needs

Individualized Health Care Plan Checklist	
I. STUDENT INFORMATION	
Name	Birthdate
Parent/Guardian	Address
Mother Home () Work ()	Father Home () Work ()
School	Grade
II. ACTIVITIES COMPLETED	
<input type="checkbox"/> Parent/Guardian Consultation Date _____ <input type="checkbox"/> Health Care Assessment Date _____ <input type="checkbox"/> Health Care Plan Meetings Date _____ Date _____ Date _____ <input type="checkbox"/> Educational Planning (i.e., IEP or Section 504) Date _____ Date _____ Date _____	
III. DOCUMENTATION COMPLETED	
<input type="checkbox"/> Referral Date _____ <input type="checkbox"/> Physician's Order/Authorization Date _____ <input type="checkbox"/> Medication/Treatment Record Date _____ <input type="checkbox"/> Individualized Health Care Plan Date _____ <input type="checkbox"/> Anticipated Health Crisis Plan Date _____ <input type="checkbox"/> Personnel Training Plan Date _____ <input type="checkbox"/> Transportation Plan Date _____ <input type="checkbox"/> Student's special health care needs limited to medication only.	
TO BE COMPLETED BY HEALTH CARE COORDINATOR/PROVIDER	
Signature	Title

G uidelines for: Educators, School Nurses, & Parents

Anticipated Health Crisis

(Note: This should always be attached to the Individualized Health Care Plan)

Student	Date
Physician	Phone
Medical Diagnosis	Preferred Hospital
STUDENT SPECIFIC CRISIS	
IF YOU SEE THIS	DO THIS
IF AN EMERGENCY OCCURS	
<ol style="list-style-type: none"> 1. If the emergency is life-threatening, immediately call 9-1-1. 2. Stay with the student or designate another adult to do so. 3. Call or designate someone to call the principal and/or health care provider. <ol style="list-style-type: none"> a. State who you are b. State where you are c. State problem 4. If the nurse is unavailable, the following staff members are trained to deal with this anticipated health crisis and to initiate the appropriate procedures: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> 	

Serving Students with Special Health Care Needs

TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH NEED (Attach to Individual Health Care Plan)

Bus Number: _____ [] a.m. [] p.m.

SPECIAL CONSIDERATIONS

Bus Driver: _____

Student: _____

Address: _____

Home Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Babysitter's Name: _____ Phone: _____

Address: _____

School: _____ Teacher: _____

Disability/Diagnosis: _____

Medications: _____

Side Effects: _____

1. Mode of transportation on bus. (Check)

- [] wheelchair [] car seat [] seat belt [] chest harness [] bus lift
[] booster seat [] personal care attendant [] adductor in place [] tray
[] other Specify: _____

2. Walks up/down stairs independently

Yes [] No

3. Student's method of communication: _____

4. Behavioral difficulties student displays: _____

G uidelines for: Educators, School Nurses, & Parents

5. Equipment that must be transported on bus (including oxygen, life-sustaining equipment, wheelchair equipment, climate control, etc.)

6. Procedures for failure of life-sustaining equipment (of any):

7. Positioning and handling requirements:

8. Substitute bus drivers:

Name: (print) Phone:
Signature:

Name: (print) Phone:
Signature:

9. The bus driver and substitute(s) received training regarding the student's special needs.

[] Yes [] No Date of training:

Signature of trainer:

STUDENT-SPECIFIC EMERGENCIES:

IF YOU SEE THIS...	DO THIS...

Serving Students with Special Health Care Needs

Personnel Training Plan for A Student with Special Health Care Needs

Student's Name	DOB	School	Grade	Date
Identify Personnel Trained:		Focus of Training: _____		
_____		Instructor: _____		
_____		Date of Training: _____		
_____		Signature of Trainee: _____		
Describe Training Provided:				

Recommendation for follow-up review _____				
Identify Personnel Trained:		Focus of Training: _____		
_____		Instructor: _____		
_____		Date of Training: _____		
_____		Signature of Trainee: _____		
Describe Training Provided:				

Recommendation for follow-up review: _____				

Lawful Custodian Review
I have reviewed the training plan.

Signature

Date _____

Signature

Date

G uidelines for: Educators, School Nurses, & Parents

TRANSITION PLAN

Name _____ D.O.B. _____ Date _____

DOMAIN AREAS (Areas of Consideration)	DESIRED FUTURE OUTCOME (3-5 Years)	CURRENT SITUATION (including strengths/interests)	STUDENT NEEDS
MEDICAL _____ Insurance _____ Level of Independent Care _____ Specialized Health Service _____ Other			
FINANCIAL/INCOME _____ Expenses _____ Public Assistance _____ Self Sufficient _____ Social Security _____ Supplemental security income _____ Other			
ADVOCACY/LEGAL _____ Assoc. for Community Living _____ Developmental Disab. Center _____ Guardianship _____ Rehabilitation Services _____ Social Services _____ Trusts/Wills _____ Other			
LIVING ARRANGEMENTS _____ Independent Living _____ Sheltered Care _____ With Family _____ Other			

Committee Certification and Eligibility:

Yes No

- ☐ ☐ Assessment of sufficient scope and intensity has been completed to determine or confirm an identified disability.
☐ ☐ Is this student able to benefit from regular education only?
☐ ☐ If no, does an educational disabling condition exist as described in the rules for the Administration of the
 Exceptional Children's Act of the State of Kansas?
 If yes, the primary disability is (check only one): ☐ Physical ☐ Vision ☐ Hearing ☐ SLIC ☐ SIED
☐ PCD ☐ Speech/Language ☐ Multiple (Cognitive & _____) ☐ Deaf/Blind

The staffing team agrees there is a disabling condition, but its existence is not in accordance with the Kansas Rules and Regulations.

The disabling condition is _____

Rationale: _____

Authority Opinion to be filed by: (Signature) _____

Serving Students with Special Health Care Needs

MEDICATION IN THE SCHOOL SETTING

It is recommended that every possible means be taken to give children medication at home. If it becomes necessary for a student to take any form of medication at school, these steps must be followed:

1. Written authorization form the physician for the school stating the student's name, medication, dosage, time to be given, and for how many days.
2. Medication properly identified and in its original pharmacy labeled container.
3. Written permission by the parents giving the school district authorization to assist with medication.
4. A medication log of when medication was given.
5. Storage of medication in a clean, locked cabinet or container.

Without these five requirements, medication should not be administered at school.

Medication can only be legally given by the school registered nurse or by school personnel whom the school registered nurse has trained and delegated the task of giving medication. The trained personnel may not further delegate to others.

Procedure:

Identify student.

Identify medication.

- Note student's name on bottle.
- Note date of medication on bottle, time to be given.
- Note name of medication on bottle.
- Note dosage of medication on bottle, method to be given.
- Note instructions on bottle for giving the medication.

Compare information on medication bottle with medication record information.

Doctor's order should be attached to medication record or noted to be in file.

Check to see that the medication has not already been given for that day and time by another school person.

Record time the medication is given on student's medication record.

Return medication to locked medication cupboard.

Name of delegatee _____ Name of delegator _____

Date of instruction _____ Initial by instructor and delegatee _____

G uidelines for: Educators, School Nurses, & Parents

Daily Log: Medication/Treatment/Procedure Record				
I. IDENTIFYING INFORMATION				
Student's Name	DOB	Grade	School	
Teacher		Name of Individual Administering Medication/Treatment		
Physician's Name		Phone		
II. MEDICATIONS/TREATMENTS				
Medication/Treatment	Time Frequency	Dosage	How Given	Expected Effects on Learning and Special Considerations
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Delegated by: _____ Date: _____

Signature: _____ Initials: _____ Date: _____

Signature: _____ Initials: _____ Date: _____

Signature: _____ Initials: _____ Date: _____

Signature: _____ Initials: _____ Date: _____

I hereby give my permission for the above trained personnel to administer appropriate medication/treatment/procedure as specified.

Signature of Parent(s) or Guardian Date

Serving Students with Special Health Care Needs

Daily Log for School Year — Use one sheet for each procedure.
Documentation of Nursing Tasks/Procedures Provided in the School Setting

Student _____ School _____

Procedure Provided by: _____
(Print Name & Title) (Initials)

Description of Procedure: _____ (Use reverse side for additional information)

Note: Allows for some procedure(s) to be performed twice on same day.
Time noted on top half of space, initials of provider on bottom portion.

	August		September		October		November		December	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Guidelines for: Educators, School Nurses, & Parents

Daily Log for School Year — Use one sheet for each procedure. Documentation of Nursing Tasks/Procedures Provided in the School Setting

Note: Allows for some procedure(s) to be performed twice on same day.
Time noted on top half of space, initials of provider on bottom portion.

	January		February		March		April		May	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Serving Students with Special Health Care Needs

ACKNOWLEDGMENTS

Serving Students with Special Health Care Needs

G uidelines for: Educators, School Nurses, & Parents

4444444444 *Acknowledgments* 4444444444

DEVELOPMENT OF KANSAS GUIDELINES

The committee gratefully acknowledges the expertise and able assistance of John Copenhaver, Director, Mountain Plains Regional Resource Center, Logan, Utah and staff in his office for many hours of technical assistance, advise and support to insure the success of this project. Other participants who have devoted considerable time and effort are:

Team Leader:

Joyce Markendorf, School Health Consultant, Kansas Department of Health and Environment

Facilitator:

John Copenhaver, Director
Mountain Plains Regional Resource Center
Center for Persons with Disabilities
Utah State University

Special Education Directors:

1. Lowell Alexander, Director, Special Education, USD 500, Kansas City
2. Terry Bachus, Director, Special Education, USD 259, Wichita

School Nurses:

1. Joellyn Randall, USD 233, Olathe
2. Donna Emery, Kansas State School for the Blind, Kansas City
3. Debbie McMinn, Tri County Special Education Cooperative, Independence
4. Lorri Moore, USD 440, Halstead
5. Calvin Waits, Serendipity Special Purpose School, Winfield
6. Brenda Nickel, USD 253, Emporia
7. Pam Peters, USD 484, Fredonia
8. Cindy Burbach, Coordinator of School Health Services, Wichita

Parent:

Tami Connor, Topeka

Kid-Screen:

Mary Davis, Director, Wichita

State Board of Education:

Judy Cutsinger, Student Support Services, Kansas State Board of Education

Serving Students with Special Health Care Needs

Kansas Department of Health and Environment:

1. Carolyn K. Vath Domingo, Director, Children with Special Health Care Needs Programs
2. Linda Ladehoff, Child and Adolescent Health Consultant
3. Joyce Markendorf, School Health Consultant

Reviewers:

1. Donna Daily, MD, Director, Children's Developmental Unit, University of Kansas Medical Center
2. Carolyn Graff, Advanced Registered Nurse Practitioner, Children's Development Unit, University of Kansas Medical Center
3. Rod Bieker, J.D., Kansas State Board of Education
4. Carol Dermeyer, Coordinator, Student Support Services, Kansas State Board of Education
5. Bruce Passman, Ed.D., Executive Director of Student Services, USD 229, Overland Park
6. Ginny Butts, Futures Unlimited, Wellington
7. Barbara Russell, Children with Special Health Care Needs Program, Kansas Department of Health and Environment
8. Joan Houghton, Student Support Services, Kansas State Board of Education
9. Lillian A. Brauner, Director, Children's Services, Kansas Advocacy & Protective Services, Inc.

Technical Consultants:

1. Marvin Stottlemire, J.D., Kansas Department of Health & Environment
2. Wayne Sailor, Ed.D., Director, University Affiliated Programs, University of Kansas
3. Gregg Crawford, Office of Public Information, Kansas Department of Health & Environment